BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

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PARTMENT	OF	HE	AL1	TH	AND	MENT	ľ

CERTIFICATE OF DEATH DE

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	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	5, 9	7	3
		CEASED NAME FIRST		MIDDLE		AST	26. DATE OF DEATH MO			26 HOUR
И	3 SEX	Nelli	4 RACE	Mae	A.N.L.	DERSON	6. AGE (IN YEARS LAST BIRTHD)	22-18	- /	IF UNDER 24 HRS
	3 SEX	female	Whi	te	Sept	DAY YEAR	85	YRS.		HOURS MIN
7.0	7a. BIF	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR C Anne An			M
0		ty or town of death len Burnie	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, Crain I	G HOME C	P OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W housewife	ORKING LIFE) INC	KIND OF USTRY OWN	business or home
5	USUA 13a. S	TATE MD 136 CC		GIVE RESIDENCE BEFORE 131. CITY OR TOW 151en Bu	N .	13d. INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS 427 Cra	ain Hic	ghwa	У
27		THER'S NAME Wilfiam	MODIE	Hall Hall		15. MOTHER'S MAIDEN NAM Lenora	MIDDLE .	1	Lyni	n
1	16a. W	(IEYES	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU 0208024		Mr. Ray R.	Andeson (	,	ame	as 13
	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICATION.	(b)		ENCE OF	NOT RELATED TO THE TERMI	200 AUTOPSY? 2	Ob. IF YES, WERI	E FINDING	
29	L CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DF INJURY MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	YES NO	N CERTIFYING ( YES  N ITEM 18, PART 1 OR		NO []
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	.M. OF INJURY (REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCATION SPREET	CITY OR TOWN	cou	JNTY	STATE
		22a.1 certify that (1) (this his saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on	7/2019	/	nd that in (my) (our) opinion of DEGREE	death occurred on the date			
1		224 PHYSIC AN'S NAME (TY	PE OR PRINT)	FRAN	k		HDIRECTOR PHYSICIA	Hy - 6	lans	5/77 Punior
		urial, cremation, remove Burial		26,79	Beth		23d LOCATION CITY OR TOWN Bailevs		Be 1	OMTO
		ingleton F	une al	ome G1	en B	urnie, MDJU	REC'D. BY REGISTRAR 25	Fity	1	rudy

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	TO CONTRACT OF STREET STREET

STATE OF MARYLAND



FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEŊE 9	NO.	5 9	7	6
DECEASED NAME	Francis	MIDDLE X.	Bachmaien, Sn.	20 DATE OF DEATH	4 11,	1979 Y	EAR	26 НС
SEX	4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER	1 YE AR	IF UNI
Male	Wh	ite	F 05 many 11. 1902	77	VBC	MONTHS	DAYS	HOUR

ER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR FOREIGN MARRIED & NEVER MARRIED Anne Arundel (ounty ermany WIDOWED DIVORCED [ MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR prosuch acility, Give street address) the Arundel General PREDEMORK FOR MOST OF WORKING LIFE INDUSTRY ducation len Burnie ould be 13e STREET ADDRES 13d. INSIDE CITY LIMITS? Brookfield Anne Arunde asadena lanulana tely 2 sh 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Bachmaier Katherine MIDDLE Unknown Albert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Poges (YES, NO OR UNKNOWN) BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 200 MUTOPSY 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? per NO 18 shar and Mental Hygi 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated should be detached the with the State Dept. of IMPORTANT: If them DEGREE 22c. DATE SIGNED EDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 7300 Ritchie Highway Glen Burnie, Md. 21 0 NAME OF CIMETERY OF CREMATORY 230. BURIAL, CREMATION, REMOVAL Baltimore

DHMH - 16 50M 7/77 (VR A 15 (4))

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Pasadena, M

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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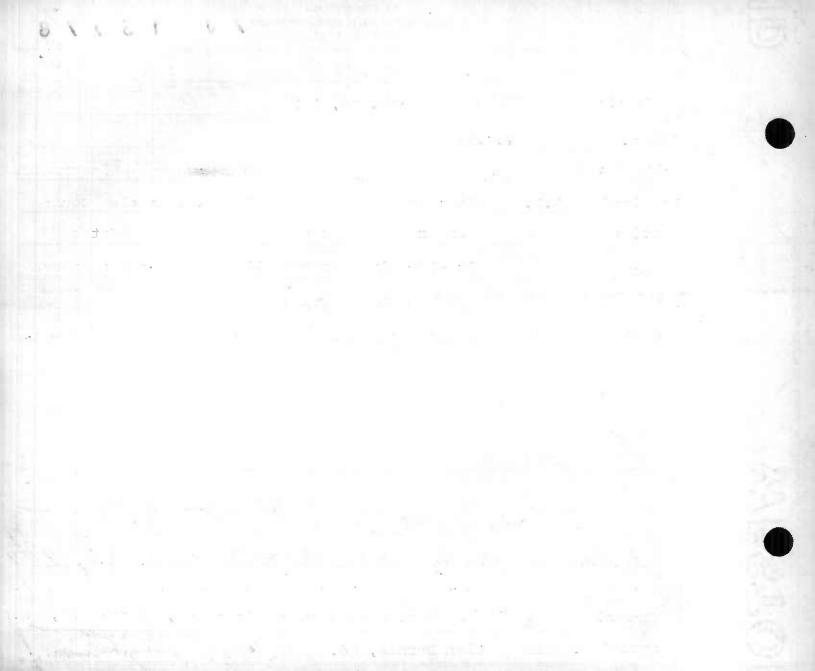
15	1 - STATE REGISTRAR		DEPART	CERTIFICATE OF DEATH	REG. NO	DST DST
v be coth	1. DECEASED NAM (TYPE OR PRINT)	FIRST ELLA	Claudine	BICKEL		MONTH DAY YEAR 26 HOUR SAM
ge 4 mo	3. SEX fema		white	5. DATE OF BIRTH FEB. 2°, 1898	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Od.	7a. BIRTHPLACE (ST	ATE OR FOREIGN 7	USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH NDEL MD.
s ofter de by the fur illed within notified o	Glen	Burnie	1. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDEL	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE STATE OF THE ST	ON 12h. NIND OF BUSINESS OR
AND 212 n 24 hour filled in hould be f	USUAL RESIDENCE 130. STATE MD	(IF NURSING HOME OR COUNT 13b COUNT AA		um Ht stes   NOXXX		Maple Road
MARYL, red within ompletely ond 2 sk	14. FATHER'S NAME Rixer		Garey	15. MOTHER'S MAIDEN NA FIRST ISabe:	MIDDLE	Rawlings
imone ce execution on a ce execution of a ce execution on a ce execution of a ce exe	160. WAS DECEASE (YES, NO OR UNKNO NO	DEVER IN U.S. ARM	WAR OR DATES)		Bickel (h	usband)same as 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratherding physician.  When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  Or shows any injury, or other traumatic event, the medical examiner must be not orked or them 18 shows any injury, or other traumatic event, the medical examiner must be not orked or them.	18 CAUSE O PART I. DI 410	F DEATH (Enter only EATH WAS CAUSED IMMEDIATE	1 11 1 1 1 1	Myocardiel	pykus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  S. W. Goldon
that the death dby the ottend dby the ottend case remove as ial, cremation, or other traumat	gave rise couse (0),	if any, which to immediate stating the cause last.	(b) 7. S.  DUE TO, OR AS A CONSEOU	ENCE OF		years
orday, 20 requires en signe or to burn plor to burn plor to form plor to burn plor				DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	
N: The low re yisicion. cate has been consil permit. Il Hygiene prior 18 shaws ony ii	NO DATE OF	OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
SICIAN: SICIAN: or	OR CONTRACTOR	WAS UNDERLYING ON CAUSE OF DEAT FY MEDICAL EXAMINER)	HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
NG PHYS  offer this frer this os the bu h and M h and M	(IF EITHER, NOT  21d. INJURY (  WHILE  AT WORK	NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTENDIII spitol or CTOR: A for use of Heolin	saw the	deceased alive on_	ot) ottended the deceased from 19 view the body ofter death	7-//- 19 7 9 , and that in (my) (our) opinion	death occurred an the do	te and hour and fram the couses stated
PITAL OR , by the ho by the ho by the ho by the hore detached Stote Dept ANT: If Item	22b. SIGNATI	Hart	Est. Sel		MEDICAL STAF	
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote		1. Stern		300 Hospita	1 Dr. #135 G	21061 len Burnie, Md.
BP	Burial, CREM.	ATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Meadowridge Mem	23d. LOCATION CHYORTOWN PK. F.1 Kri	county state dae Howard ID
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECT	eton Fur	75		TE REC'D. BY REGISTRAR	25b. REQ PLACE SIGNATURE

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	0.	5 9	7 8 DST
		CEASED NAME FIRST OR PRINT)		NOOLE		AST	26. DATE OF DEATH	MONTH DA		26. HOUR
1		WILETT		Ε.		LINGS	<u> </u>		1979	7.7 A
)	3. SE	Female	Whit	e	Feb.		6, AGÉ (IN YEARS LAST BIR	100	IF UNDER 1 YEAR	HOURS MIN.
75	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	ANNE ARU		OF DEATH	N
54	-	ty or town of death Len Burnie	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS]	OR OTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Wireper	F WORKING LIFE	INDUSTRY	of Business o
3 F	USU, 13a. S Ma	Len Burnie  RESIDENCE (# MURSING HOME O TATE  ryland  A.	R OTHER INSTITUTION, NTY A .	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hanove:		13d. INSIDE CITY LIMITS? YES NO X	739 L.S.	. Came	elot (	Court
20		THER'S NAME  illiam	MIDDLE	Fryer		Etta	WE	į	Stat	es es
1	16a V	AS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
/		no		178-20-	-5210	Everett Bi	lllings	san		above
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY: TE CAUSE (o)	To Ou	diction	n & tacido	is		BETWEEN	MAYE INTERVAL ONSET AND DEATH
		1550	DUE TO, OF	AS A CONSEQUE	NCE OF		n P		2	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR	PAGE AS A CONSEQUE	NCE OF	ancimona	of the him	es	),	month
		PART 2 OTHER SIGNIFICANT	CONDITIONS CC	INTRIBUTING TO (	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
	O		ma	r/						
2	CERTIFICATION	1% DATE OF OPERATION 3-21-79	-	TION FOR WHICH	1	lives performed	200 AUTOPSY?			NGS USED S OF DEATH?
		21a. ACCIDENT WAS UNDERLYING	216. TIME O		-	21c. HOW INJURY OCCURR	EQ. ISSUED		BT 1 OR BART 31	
9	4.1	OR CONTRIBUTING CAUSE OF DE	~111		YEAR	The state of the s	ED (ENIER NATURE OF INJU	RY IN ITEM 18, PAI	KI I OK PAKI 2)	
9	MEDICAL		P.A	м,	19	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
9	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hase	21e PLACE C (AT HOME, STRI	M,  DF INJURY  EET, FACTORY, OFFICE, F	19 ARM, ETC.)		CITY OR TO	WN	COUNTY 9 79.	that (I) (wa) la
9	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. I certify that (I) (the hase saw the deceased alive or above. (I) (wanted) (did in 22b. SIGNATURE  E. Maden	21e PLACE (AT HOME, STRI	M,  DF INJURY  EET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f LOCATION STREET  19  d that in (my) (pure) apinion of DEGREE  ATTENDING PHYSICIAN	city on too	ote and hour	COUNTY 9 79.	that (I) (we) lo couses stated SIGNED
9	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER 214: INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 Certify thought (I) (thus, hose sow the deceased alive or obove, (I) [Marteriol (id.d.)]	21e PLACE (AT HOME, STRI	M. DF INJURY EET, FACTORY, OFFICE, F e deceosed from 19 ofter death.	19 ARM, ETC.)	21f LOCATION STREET  19  d that in (my) (pure) apinion of DEGREE	CITY OR TON  The control of the discourse on the discourse on the discourse on the discourse on the discourse of the discours	ote and hour	county 9 7 9 ond from the	that (I) (wa) lacouses stated SIGNED 21090
9	23a. E	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED  WHITE NOT WHITE SOME STATE WORK AT WORK AT WORK AT WORK AT WORK 21 WORK AT WORK 22 WHO SOW THE GOOD SOW AT WORK AT W	21e PLACE C (AT HOME, STRI	M. D.	ARM, ETC.)  M  NAME OF C	21f LOCATION STREET  19 79 d that in (my) (pum) opinion of physician physici	city on too  to July  death occurred on the of  MEDICAL STA  DIRECTOR PHYSIC  Meade Rd. L  1334 LOCATION  Mahaffey	ole ond hour  ole ond hour  inthic	ond from the	that (I) (we) lo couses stated SIGNED 21090 ghts, M
9	23a. E	(IF EITHER, NOTHY MEDICAL EXAMINED  21d INJURY OCCURRED  AT WORK  270. It certify that (I) (the hase saw the deceased alive or above, (I) (washed) (did in 22b. SIGNATURE  272d PHYSICIAN'S NAME (TYPE:  E. Roderick S  URIAL CREMATION, REMOVA)	21e PLACE C (AT HOME, STRI DR PRINT) Shipley,	M. D.	ARM, ETC.)  M  HAME OF C	211 LOCATION STREET  19 d that in (my) (pum) opinion of DEGREE ATTENDING PHYSICIAN 270 ADDRESS 529 S. Camp 18 EMETERY OR CREMATORY LON COMMETCEN 1250 DATE	city on too  to to the death occurred on the death occurred occurred on the death occurred occurred on the death occurred	ole ond hour  ole ond hour  inthic	ond from the	thor (I) (we)le couses stored SIGNED 21090 ghts, M



MADORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical examiner must be notified at an

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	.   5	5 9	7 9
	CEASED NAME FIRST OR PRINT] LOUI	.sa	Kasten	1,1800	ANKE	20. DATE OF DEATH Jul	монтн ри у 18,		2b. HOUR
3. SE	r Female	4 RACE Wh	ite	5 DATE O		6. AGE IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
/ C	RTHPLACE (STATE OR FOREIGN OUNTRY)  aryland		of what country? $S \cdot A \cdot$	MARRIEI WIDOWE	D NEVER MARRIED   DIVORCED	9. BALTIMORE CITY C Anne A			) • M
	Pasadena	1117	21 Grand	V1eW	ROAD	12a USUAL OCCUPAT (TYPE OF WORK EOR MOST OF HOMEMAKE	F WORKING LIFE	INDUSTRY	Home
13a S Ma		or other institut INTY IEARUN	13c. CITY OR TOV	VN	YES NO 🔀	13e. STREET ADDRESS 1721 G	randv	_	21122 Rpad
2 14. FA	Charles	MIDDLE	Kast	en	15. MOTHER'S MAIDEN NAMERST	MIDDLE	1		esse
	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) [11 YES, G NO N	RMED FORCES VE WAR OR DATES			17. INFORMANT  Mr. Ewald		se (Hu		
	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO	, OR AS A CONSEOU , OR AS A CONSEOU	DENCE OF	ASC V PARKINSON			/0 N IN PART 10	yr yr
CERTIFICATION	19a DATE OF OPERATION	19b CO	ndition for which	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E [IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY	19	216. HOW INJURY OCCURR				
WE	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN .	COUNTY	STATE
	22a.1 certify that (1) (this has sow the deceased alive to those, (1) (we) (did) (did) the school of	n 7-70	erman KVEI	~ 11 MAN	1220 ADDRESS MD- 360	deoth occurred on the d  MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	22c. DATE	SIGNED / 7
23a E	BURIAL, CREMATION, REMOVA SPECIFY)  Burial				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE Md.

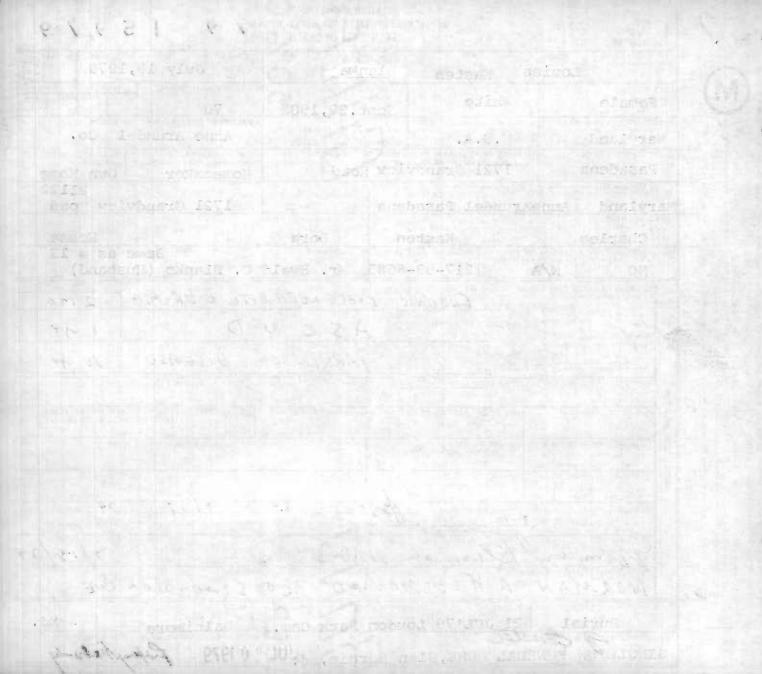
DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR ADDRESS HOME, Glen Burnie

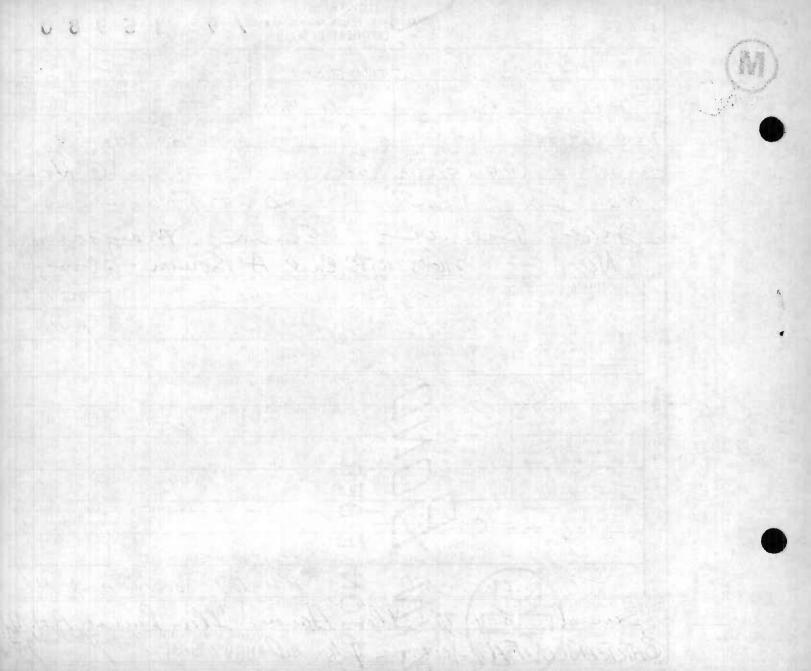
Park Cem Baltimore

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

DIE MOUL 2 0 1979



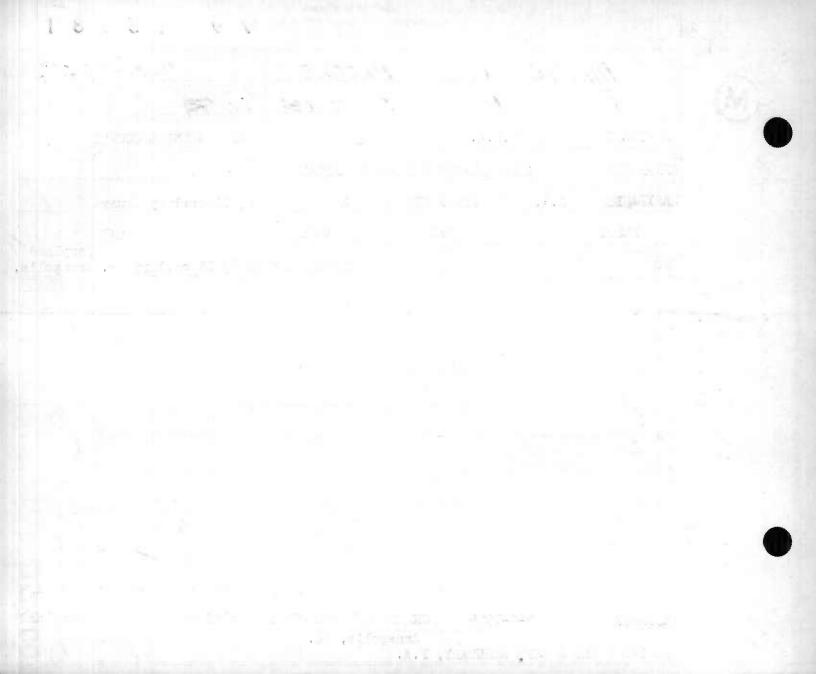
10	1	STATE OF MARYLAND	
12	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEPE 9 5 5 CERTIFICATE OF DEATH	980
(3)	1. DE	REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 1 26 HOUR
o de		ETHEL V BOWEN 7-30- 70	7 240 4
è de la	3. SE	X 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UN	IDER I YEAR IF UNDER 14 HRS
oge 4	1	FEMALE W 2-18-1904 75 YRS MONTH	HS DAYS HOURS MIN
th. Po	70 B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	DEATH
fune thin thin	10 C	EW JERSEY 45H INDOWED DIVORCED ANNE ARUNDE	E L CO MD.  26. KIND OF BUSINESS OR
201 rs after c by the fu filed with	h		VOUSTRY House
D 2120 4 hours ed in E id be fi	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE  136 COUNTY  137. CITY OR TOWN  138 INSIDE CITY LIMITS?  138 STREET ADDRESS	
YLAND Thin 24 thin 24 should should the muniner munine		M.A. SEVERNA PARK YES   NOW 5/7 OWENS	: WAV-2/146
ARYI J with pletel nd 2:	14 F	ATHER'S NAME  MODE  LAST  LAST  LAST	1831
RE, Mu	16a \	MASSOCIASIDEVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	arum
'IMORI oe exec	(	YES, NO CONTROL (16 YES, GIVE WAR OR DATES) 716053805B Earl A Sower - G	· love
f.,gALT inficate b physicia mavol.		18 CAUSE OF DEATH Enter only one couse per line for a to and ic part I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
457.,84 certificat ng physi ban pop r remavo		MMEDIATE CAUSE (0) Ongestive It search Francisco	9 years
death ce death ce attendin ove carb tion, or i		Conditions, if ony, which (h) Deabeles Hypertension	15 years
the deal the after remove emotion.		gove rise to immediate couse (o), stating the DUFTO ORAS A CONSEQUENCE OF	0
on w		underlying cause last.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion.  Wher this certificate has been signed by the attending physicion and completely filled in by as the buriol-incosity permit. Then please remove carbompopers. Pages I and 2 should be filled in by and maneral Hygiene practice buriol, cremation, or removal.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II	PART 1(o)
ECOR Dw ree been mit. T prior ony ir	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
VITAL RI WI: The le ricote hos roonsit peer Hygiene	FIE	YES NO YES	NO 🗍
A OF VITAL SICIAN: The graphysicio entificate Priol-tronsit entol Hygie frem 18 sho		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING 216. TOWN A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1	OR PART 2)
IVISION OF VIT IG PHYSICIAN: ottending physicer this certifical s the buriol-tran ond Mental Hran rked or them 18:	MEDICAL	(IF EITMER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	
DIVISION OF PLOY OF OTHER THE COST OF THE	X	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	OUNTY STATE
3 0 E		220.1 certify that (1) (this haspital) attended the deceased from	79, that (Hr (we) last
OR ATTEN e hospitol DIRECTOR oched for ur Dept. of He		sow the deceased allow an analysis of the body After death.  19	22c. DATE SIGNED
O HOSPITAL OR ATTEN etoined by the hospital TO FUNERAL DIRECTOR should be detoched for unwith the Stote Dept. of HI with the Stote Dept. of HI MAPORTANT: If them 21 is		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	THE STORES
HOSPITAL bined by 1 FUNERAL buld be det th the Stote		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	1. 14.1
TO HOSPITAL ( retoined by the TO FUNERAL ( should be determed to the Store for the Sto		T.C. Cullis MD / Kiggs Hue Severna	Brk Md.
BP	23a (	BUR'A), CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR PREMATORY 236, LOCATION COUNTY	AT 111
DHMH - 16 60M 1/75	24. F	LNERAL DIRECTOR 250, BATE REC'D. BY REGISTRAR 256. REGISTRAR	SSIGNATURE
(VR A 15 (4))	C	ARRANCO F.H. Severna (Pk. n. AUGO 2 1979)	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND					
DEPARTMENT OF HEALTH AND MENTAL HYGIENS	9	1	5	9	8
CERTIFICATE OF DEATH	200				
	REG				

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 / 9 4
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
	(life	WILSON	JOHN	BROWN. JR.	JULY 3,	1979 6:30 4
	3. SEX	MALE	4. RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	7- 01	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JUNE 18, 192	9 50 9. BALTIMORE CITY OR CO	YRS.
2F	C	OUNTRY) MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANIAIR ADITA	
20		LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVES	URSING HOME OR OTHER INSTITUTION STREET AGDRESS)  h Charter Road	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR CHAUFFER	KING LIFE) 126, KIND OF BUSINESS OR INDUSTRY  GREYHOUND
35	13a S	AL RESIDENCE (IF NURSING HOME COLLAND 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	32 13e STREET ADDRESS 6506 SO.	CHARTER ROAD
	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
20		WILSON	J. BROV	WN, SR. JOSEPH	INE	ROTHENBERGER
1	16a. V	VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN) (15 YES) (194	VE WAR OR DATES)	SECURITY NO. 17. INFORMANT 20-2112 MRS. NAN	ADDRESS CY L. BROWN (	Same as # 13 WIFE)
		r	inly one couse per line for (a), (b		or a. bitomit (	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY:	DISTIL CACOL	40	DET WEET ONSET AND DEATH
		1539 IMMEDIA	ATE CAUSE (o)			
		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF		
		gove rise to immediate couse (a), stating the	) (b)			
		underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OF CONDITIO	N GIVEN IN PART 1(o)
	N N		Constitution to Constitution to			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
-	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN IT	- [
9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			oital) attended the deceased from 6 23.  of Diew the body after death.		ion death accurred on the date of	nd hour and from the causes stated
		22b. SIGNATURE	ort yiew the body after death.	DEGREE	/	22t. DATE SIGNED
		( 00	his		MEDICAL STAFF	3 JUL 197
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT]	22e ADDRESS		lands, Md
1		CENTINO	o cons	4000 An	napolis Road,	Baltimore High
	23o. E	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
		BURIAL	5 JUL 79	CEDAR HILL CEM	BROOKLYN	PARK A.A. MD.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

24 FUNERAL DIRECTOR
NAME
SINGLETON FUNERAL HOME, GLENBURNIE, MD.

230. DATE REC'D, BY REGISTRAR 236. REGISTRAR'S SIGNATURE

		THE REPORT OF THE PROPERTY OF
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STATE OF MARYLAND

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	PROPERTY OF A STATE OF STATE AND SEE.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after dear with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumotic event, the medical examined

notified of once.

moy be

executed

ATTENDING PHYSICIAN: The low attending physicion.

retained by the hospital or

TO HOSPITAL

## STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	o it it is	REG. NO.	3	7	9 3	<b>2</b>
		CEASED NAME FIRST OR PRINT)	٨	MIDDLE	Ł	AST	2a. DATE OF	DEATH MONTH	DAY	YEAR	26. HOL	JR
-10	(TIPE	HARRY			BUSCI	I		JULY 1	7 1	979		м
	3. SE)	X	4. RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER	
		MALE	WHIT	E	FEB	0 0 0 0 0	59	9 YR	MONII	HS DAYS	HOURS	MIN.
5/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF	DEATH		
1	-	ilto Md.	U.S.		WIDOWE		Anne '	Arunde	1 Cc	unt	y	MD.
11	10 CI	TY OR TOWN OF DEATH				R OTHER INSTITUTION		CCUPATION		26. KIND O	F BUSIN	ESS OR
4		Len Burnie	North		1 Ho	spital	Shipy	for most of working yard		dustry	Dryd	lock
21	13a. S	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION, OUNTY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e STREET A				, neg	
1	-		1 . A .	Pasadena	a	YES NO	1953	Veneti	an 1	ive.		
4	14. FA	THER'S NAME FIRST	Vonde	nbousch		15. MOTHER'S MAIDEN NA FIRST	AME	WIOOFE	N.	LAS	1	
		VAS DECEASED EVER IN U.S.		166. SOCIAL SECUE	RITY NO.	17 INFORMANT		ADDRESS	1,623			
/	(1	NO	GIVE WAR OR DATES)	218 01 '	7863	Shirley Bu	usch s	same as	13	е	3.0	
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	r only one couse per USED BY: DIATE CAUSE (0)	line for (a), (b), and	1 (c).)	v-div1	inter	ction		BETWEEN	MATE INTE	RVAL DEATH
		410-	DUE TO, O	R AS A CONSEQUE	NCE OF				1			
		Conditions, if ony, which gove rise to immediate	(b)									
		couse (a), stating the underlying couse last.	DUE TO, OI	A . Tic		enisis wit	haod	C Vol	-0	20	y- J	۲,
	NOI	PART 2. OTHER SIGNIFICAN	tibrill	ontributing to D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE					
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WE RTIFYING YES	RE FINDING CAUSES	OF DEA	TH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	18, PART 1	OR PART 2)	, 194	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	c	OUNTY	S	TATE
		220.1 certify that (1) ( ) us he sow the deceased alive	on Tol	e deceased from 19 7	9,01	d that in (my) (cor) opinion	death occurred	on the date and	hour and		that (I) (	
		22b. SIGNATURE	2 her	ner	n	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN		22c. DATE	SIGNED	139
1		22d PHYSICIAN'S NAME (TY	- "	enzer		22e ADDRESS						
	22 D	HIDIAL CREMATION DEMON	AL TOP DATE	122, N	AAAE OE C	EMETERY OR CREMATORY	123d LOCA	TION				

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DHMH - 16 50M 7/77 (VR A 15 (4))

(SPECIFY) Burial

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AODRESS Balto 21225 Ritchie Hgwy 24 FUNERAL DIRECTOR 4001 Gonce George

250. DATE REC'D. BY REGISTRAR MARKET 3

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HOME.

Md.

Glen Burnie

24. FUNERAL DIRECTOR

SINGLETON FUNERAL

DHMH-16 50M 7/77

(VRA 15(4))

DATE REC'D. BY REGISTRAR 25b. RECOSTRAR'S SIGNATURE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOD: N PERDY , P STULL ALCOCAL OF THE STATE OF THE MALTE MAN 271MM THUS LESS UP BANK ROBLIN BERNIEL ROSSITAL FACOR SERVICES MARYLAND LAWE ARUNTEL OLD BURNES E FIS DOOL M.D. DELVE BEL. TRANS MOOR YOURS THE STORE OF SOLD IN THE STORE OF JORGE B. ROMIREZ A.O. 307 NOSPITAL DRIVE CLER BURNIE, MR. in the same of the

1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 15 9 8 7
(TY	CEASED NAME FIRST	BAKO W CAMPBELL REST DEATH MATER 7 10 10 19 19
	Male White	9 4 32 LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 7 10 1979
T FC	DREIGN COUNTRY)	18. CITIZEN OF WHAT COUNTRY?  B. MARRIED NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED   DIVORCED   1.   1.   1.   1.   1.   1.   1.   1
10. C	PUREL	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NO EIN SUCH FACILITY GIVE STREET ADDRESS)  12. USUAL OCCUPATION (TYPE OF WORK OR INDUSTREET ADDRESS) OR INDUSTREET ADDRESS) Proprietor—sales Wholesa.
5 130. S	TATE 135. COUNTAIN Anne	Arundel Laurel YES NO 3569 Fort Meade Rd.
C		ADDIS LAST. IS MOTHER'S MAIDEN NAME MIDDLE LAST
	VAS DECEASED EVER IN U.S. ARA	RMED FORCES?  180 SOCIAL SECURITY NO. IT. INFORMANT ADDRESS Laurel, Md.  172-26-8090 Lila W. Campbell 3569 Ft. Meade Rd.
NOI		DUE TOTOR AS A CONSEQUENCE OF  (C)  IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
CERTIFICATION	19s. DATE OF OPERATION	INE. CONDITION FOR WHICH OPERATION WAS PERFORMED?  28. AUTOPSYT
MEDICAL CER	THE EXTERMAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	THE PLACE OF INJURY INTHONE. THE LOCATION
2	AT WORK AT WORK	TOTAL STATE TACTORY ARM, EPC   STATE   STATE
2	EXAMINER'S NAME (TYPE OR PRINT)	LIN hore of . ADDRESS Soupel, nel.
23a. B	URIAL, CREMATION, REMOVAL 2 SPECIFY)  Burial	July 13. 1979 Parkwood Cemetery Baltimore, Maryland
	UNERAL DIRECTOR	. Inc 7110 Belair Rd. 21206 JUL 12 1979

Large Line of the control of the con .ol onder from Eogle for Lawrence Lower and the contract of th in the state of th Charles Corner The state of the s uisl or hely l, lyly a rescon temper; money words, lorgand The state of the s in of troughts, lie 7110 Fifth v. 22200 July 8 7074

			STATE OF MARYLAND		
	REGISTRAR		CERTIFICATE OF DEATH	GIENE 7 9 REG. NO.	15988
		MIDDLE	Cash	20. DATE OF DEATH M	ONTH DAY YEAR 76 HOUR
3. SE	1	1 RACE	5 DATE OF BIRTH	6 AGE HENTEARS LAST BRITHS	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
70 81	MALE STATE OF COLORS	Cauc.	7-5-79	2 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YRS. 430
		IL.S. A	MARRIED NEVER MARRIED DIVORCED DI	Anne A	Accessed Co.
10 CI	TY OR TOWN OF DEATH			12ª USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
13a S	Md. Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  13 CLITY OR TOV  Arrandal RIVIER	NE ADMISSION) 13d. INSIDE CITY LIMITS? 2 BEACLYES \( \text{NO} \) NO \( \text{NO} \)	13e. STREET ADDRESS	enwood Rd.
	Janes "	W. Can	by Paula	WINDLE	" Carrby
			URITY NO. 17 INFORMANT	ADDRES	S Cauby
N.	Conditions, if ony, which gave rise to immediate couse tol, stating the underlying couse lost	(b)	ENCE OF	ninal disease or condi	ITION GIVEN IN PART YOU
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES: \( \begin{array}{cccccccccccccccccccccccccccccccccccc
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19 211 LOCATION	RED (ENTER NATURE OF INJURY)	IN ITEM 18, PART 1 OR PART 2)
4	220.1 certify that (I) (this haspite saw the deceased alive on_	al) attended the deceased from		to	
	obove, (1) (we) (did) (did not	wiew the body after death.  MI)	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	??e ADDRESS		
	URIAL, CREMATION, REMOVAL	23b. DATE M 23c	NAME OF CEMETERY OR CREMATORY		
	1. DE (TYPE 3. SE)  7e. 81 CC  10 CI  USU/S  14 FA	- STATE REGISTRAR  1. DECEASED NAME (TYPE OF PRINT)  3. SEX  70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  USUAL RESIDENCE (IF NURSING HOME OF 136. STATE  14. FATHER'S NAME FIRST  16. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH LENter on PART I. DEATH WAS CAUSED IMMEDIATE  CONDITION, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CO  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. I CEPTIFY that (I) (this hospith sow the deceased olive on obove, (I) (we) (did) (did not 12b SIGNATURE)	- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  2. C	DEPARTMENT OF HEALTH AND MENTAL HYDERESTRATE REGISTRAR  1. DECEASED NAME PRST MODIE  1. STATE REGISTRAR  1. DECEASED NAME PRST REGISTRAR  1. DECEASED NAME PRST REGISTRAR  1. DECEASED REGISTRAR  1. DECEASED NAME PRST REGISTRAR  1. DECEASED REGISTRAR  1. DECEASE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE*  SEG. NO  1. DECEASED NAME (1775 COMPANI)  3. SEX  A RACE  A RACE  3. DATE OF DEATH  MORNY  MARRIED  NOW OWN  NOW  NOW

DHMH-16 20M (VRA 15, 4) 7/78

FUNERAL DIRECTOR
Anatomy Board

Balto., Md.

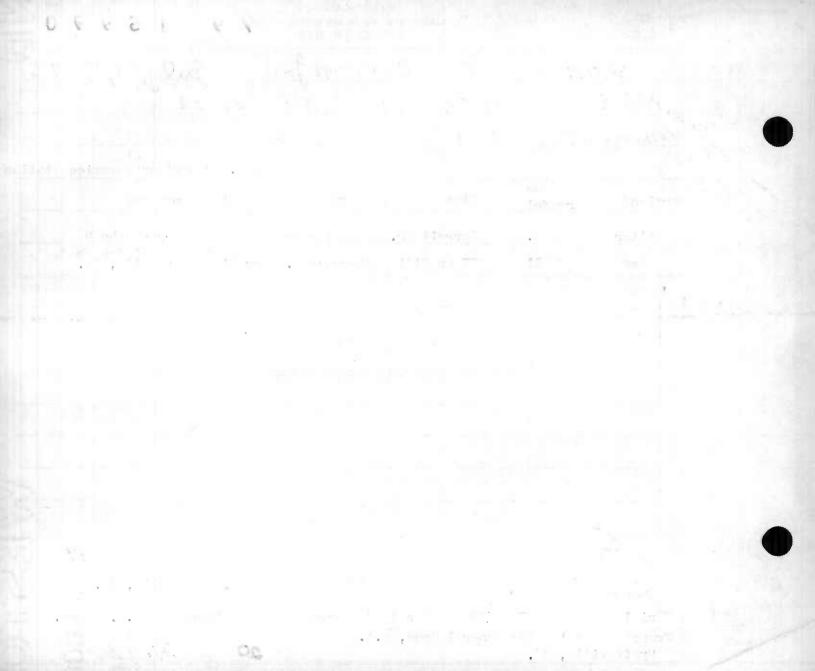


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

JULY 3, 1978 4:15	eno ello A	THOMAS	HALL	W. E. E.
ANNE ARUHDEL COUNTY				
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DELAY IS N 3 TO THE F 3 TO THE F 9 BE PIED, DS, 301 W		nnapolis		Anne Art	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Anne Arundel General Hospital  128. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY)  FOR MOST OF WORKING LIFE)							
1201 F ANY AND SECOR	13a. S	AL RESIDENCE (IF IN NI TATE ARYLAND	13b. COUNT	Υ	13c. CITY OR TOWN  ANNAPOLIS		13d. INSIDE CITY LIMITS? YES X NO		ADDRESS Graft Co	urt		
O T NA		HARTFORD		MIDDLE T.	LAST CAR'		15. MOTHER'S MAKE FIRST HAZE		MIDDLE	a	CONWAY	
ST., BALTIMORE, ME HOURS AFTER DEATH N 18. GIVE PAGES 1, NG WITH FORM PM NMT. PAGES 1 AND 19.	16a. \	WAS DECEASED EVER	VIEIN	ED FORCES?	214-56-09		SYEVIA CA	RTER 12	85 Graft		Annapolis,Md	
W. PRESTON  W. PRESTON  ED WITHIN 24  PENCIL IN ITE  AMINER ALCO  IL TRANSIT PER  REMOVAL.		Canditians, if gave rise ta cause (a) stating lying cause last.	immediate g the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF	ULD .					
	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1 (a).				
ALRECORD OULD BE EX OU	IIFICATION	PART 2 OTHER SIGNIFICAN			BUT NOT RELATED TO THE TER			ART 1 (a).			20. AUTOPSY?	
ALRECORD OULD BE EX OU	CAL CERTIFICATION	LINE KOT N	ATION SE WAS OR	21b. TIME OF HOUR A.M	TION FOR WHICH OPE	RATION V			RE OF INJURY IN ITEM 18	B PART 1 OR PAR	YES NO	
IVISION OF VITAL RECORD CERTIFICATE SHOULD BE EXITING THE WORD "PENDING DED TO THE CHIEF MEDIC 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH A PRIOR TO BURIAL, CREMATIN	MEDICAL CERTIFICATION	19a. DATE OF OPERA	SE WAS OR CAUSE OF DI	21b. TIME OF HOUR A.M	TION FOR WHICH OPE	RATION V	WAS PERFORMED?	ED (ENTER NATU	RE OF INJURY IN ITEM 18	8 PART 1 OR PAR	YES W NO	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2h. HOUR (TYPE OR PRINT) OF ESTI-Reuber 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER ) YR. IF UNDER 24 HRS 2d. HOUR DATE ASE BIRTHDAY PRONOUNCED 12-19 DEAD 70. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Maryland WIDOWED . DIVORCED AKUN DEL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK Riviera = HOME Auto Mechanic Gas Station USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS viera Rd. Riviera Bch. Md 225 Lake NO X Bch YES PAGES 1, 2, FORM PM 3. IS 1 AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST Reuben Cavev Marv Cavev DIVISION OF 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Cavey same as ves 01 Marie 18. CAUSE OF DEATH (Enter anly ane cause per BETWEEN ONSET AND DEATH HYGIENE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TH AND MENTAL HYC Canditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES 🗌 VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C BE NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 1201 PRIOR 21e. PLACE OF INJURY (AT HOME, If LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE STATE DIRECTOR: 22a. I certify that I taak charge af the remains described abave, held an Autapsy Inspection and in my opinian ARYLAND, death resulted fram: Suicide Hamicide Undetermined manner WITH PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 7/5/ 23c. NAME OF CEMETERY OR CREMATORY COUNTY Lorraine Park Cem. Md. Baltimore BP 24. FUNERAL DIRECTOR Gonce 4001 Balto 21225 25a. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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American State of the State of	

7h. HOUR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2ª DATE OF DEATH MONTH July 7, 1979 11:11P IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Anne Arundel County 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY transportation US Gov 13e STREET ADDRESS Annapolis Rd MIDDLE Brooks ADDRESS Robert R. Smithsame as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

21061

COUNTY Park Comotory | Baltimore | Ba

STATE

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78 FOR

- STATE

REGISTRAR

Hardesty Funeral Home Ann. Md.

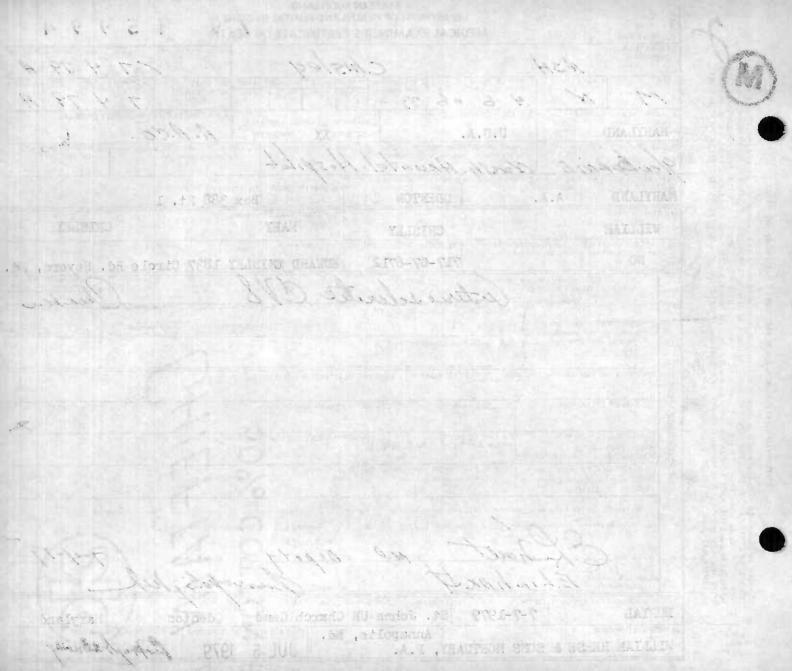
ACCORES 12 Ridgely Ave.

STATE OF MARYLAND

CERTIFICATE OF DEATH



	FOR	DEPA	STATE OF	MARYLAND TH AND MENTAL HY	CIENE	
11.	STATE REGISTRAR			CERTIFICATE OF	/ 1.2	5 9 9 4
	ECEASED NAME FIRST	A	CA	115/24	20. DATE KNOWN ( OF ESTI- DEATH MATED	MONTH DAY YEAR 1 20. H
3. SE	MN	5. DATE OF BIRTH MONTH DAY YEA  4 6 6	R LAST BIRTHDAY) MO	UNDER 1 YR. IF UNDER 24	PRONOUNCED DEAD	MONTH DAY YEAR 26. 1
i	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	WIDO	RRIED NEVER MARRIED	D A. H.C.	
19	ENTOWN OF DEATH	TI. NAME OF HOSPITAL.	KUN VEL,	Hospite L	POR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINE OR INDUSTRY
13a M.		YTML YTML	DENTON		e STREET ADDRESS lox 388 Rt. 1	
	FATHER'S NAME WILLIAM		CHISLEY	15. MOTHER'S MAIDEN I	NAME MIDDLE	CHISTEY
160.	WAS DECEASED EVER IN U.S. YES, NO. OR UNKNOWN) (IF YES, O	IVE WAR OR DATES)	7-07-6712	IT. INFORMANT EDWARD SHIS	ADDRES LEY 1837 Circ	ele Rd. Seyern.
NOI		DUE TO, OR AS A C  (c)  NS CONTRIBUTING TO DEATH BUT NOT I		ASE OR CONDITION GIVEN IN PART 1	(a).	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY? YES □ NO
MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE C		TH DAY YEAR	HOW INJURY OCCURRED (	ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU STREET, FACTORY, FARI		OCATION STREET	CITY OR TOWN	COUNTY
		trige of the remains described of turpt-gause			Inquiry , o	DATE SIGNED 7-4-19
	EXAMINER'S NAME (TYPE OR PRINT)	Linhar 4	1	ADDRESS And	ropoli, h	of the same of the
230.E	BURIAL, CREMATION, REMOVA SURTAL		t. Johns UN	Church Ceme	Oden ton	COUNTY STATE Maryland
24. F	FUNERAL DIRECTOR  ILLIAM REESE &	SONS MORTUARY	Annapolis, P.A.	Md. 250. DATE REC	'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE



4200 Pennington Ave. Balto. Md. 21226

STATE OF MARYLAND

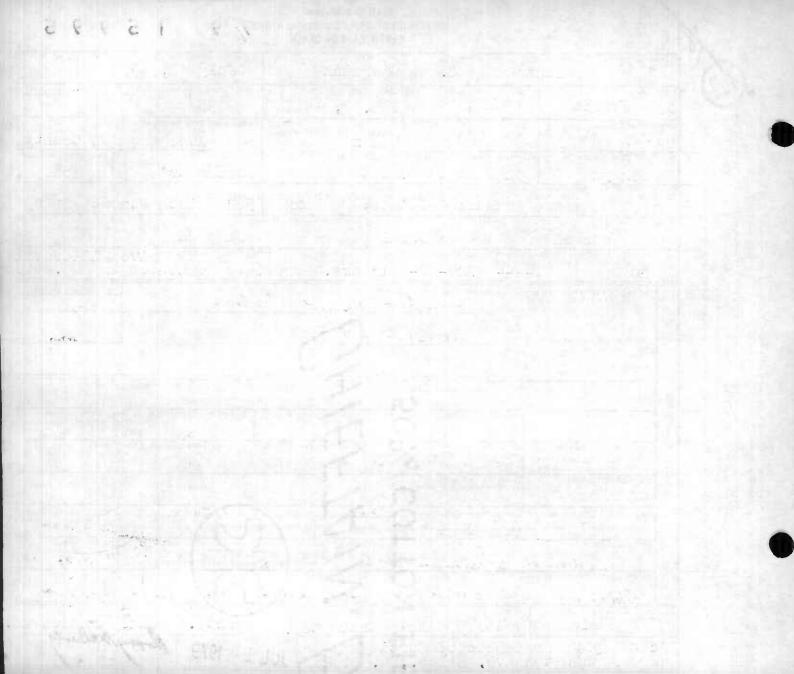
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

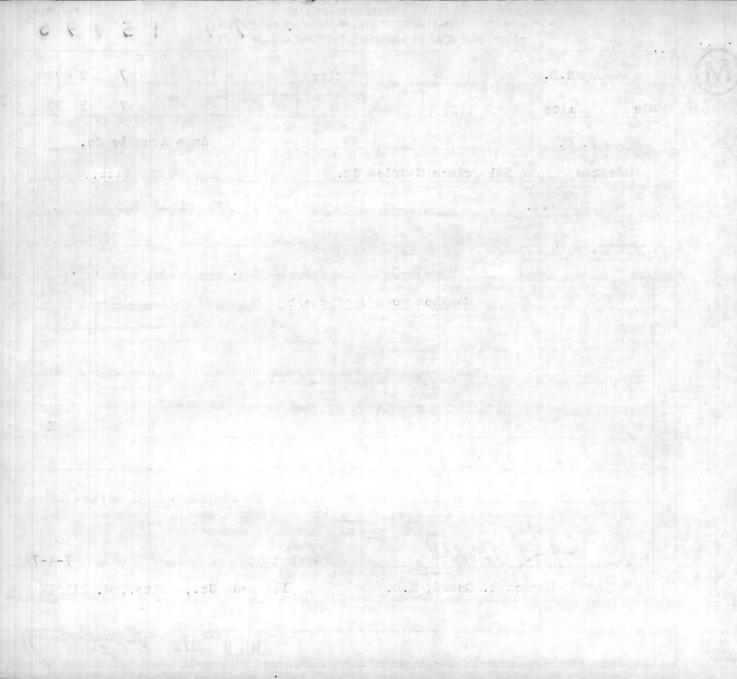
FOR

- STATE

(VR A 15 (4) ) 9/74



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1		CEASED NAME	FIRST		MIDDLE		LAST			DATE KN	OWN [3	MONTH	DAY YEAR	26 HOUR
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	3. SE.	(	4. RACE	5 DATE OF BIR		AGE (IN YEARS	IF UNDER 1 YE	R. IF UNDER		DATE		MONTH	DAY YEAR	2d HOUR
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6	FC	Canton	N. C.	USA			NARRIED 1	DIVORCE		Anno	A 2000	2110	Co	
-	10. C	ITY OR TOWN			HOSPITAL, NURS				12a. USUAL			ndle E OF WORK	12b. KIND OF B	USINESS
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Š		TATE	13b. COUN	ITY	13c. CITY C	RTOWN			13e. STREET					
	17.5	Md.	A. A	1.	Ude	enton_	YES	- 10-		Prin	ice C	narle	es Ave.	
,	IA. F.	ATHER'S NAME FIRST		MIDDLE	LA	ST	15 MOT	FIRST MAIDE	NNAME	MIDDI	LE	,	LAST	
9		enjamin		Harris		Clark		ertrude	)	er .			resley	
1	16a. \	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA	L SECURITY N	).  17. INFO	RMANT		,	ADDRESS			
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		PARTIDE		TE CAUSE (a)	Gunshot	wounds	of che	est (H	andgui	n)				
		1953	50	DUE TO,	OR AS A CONS	EQUENCE OF								
	-		ns, if any, which se to immediate											
		cause (a)	stating the under-		OR AS A CONSI	QUENCE OF								
		lying cau	ise last.	(c)										
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	NO													
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	E	HOG.		and the									YES Z	NO 🗌
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	W	WHILE AT WORK	NOT WHILE	X .	FACTORY, FARM, ETC.	}	STREET			TY OR TOWN		COL	UNTY	STATE
		AT WORK	AT WORK	lat	home			ince C	harle	s St		Α.	A.,	Md.
		220. I certi	fy that I taak charg	ge of the remains	described above		Autapsy X,	Inspection	J, 1	nquiry L	J, _ an	d in my op	pinian	
		death result	ed fram: Natu	ff poyens	Accident	, Suicid	Har	micide	Undeterm	ined mann	er 🔲,			
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		EVALUEDIC	NIA IAE	1	-									
		EXAMINER'S (TYPE OR PRI	NAME HO	rmez R.	Guard,	M.D.	ADDRESS	s 111 :	Penn S	t., 1	Balto	Md.,Md	. 21201	
	23a. E	URIAL, CREMA	TION,REMOVAL	23b. DATE	23c. NA	ME OF CEMET	ERY OR CREMA	ATORY	23d. LOCA	TION		COUN	ATY	STATE
	1	Runial		7/9/79	Cer	ar Hil	Cromo	tory	Su	itlan	d Md	-1	1 -	
	24. F	Burial UNERAL DIRECT	TOR		RESS		Crema	250. DATE R	REC'D. BY RE	GISTRAP	23b. REG	TRAPAS	GHATUBELL	ody
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GEORGE Edward COATES Jr. July 31, 1979  1.5EX    SALE   SA	(28)		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG	SIENE	9 REG. N	0.	5 9	9 7 DST
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Glen Burnie (Protestations and State Address of the	in 72	37		1				WIDOWE	D 0	ONORCED [				County	7 , MD.
13. STATE MAC.  A.A. ANAPOLIS   13. MODER SON PARKET AVE.  14. FATHER'S NAME   MODER   MAIN   MODER   MODE	by the f	54		Glen Burn	ie	Nort Nort	h Arunde	1 Hosp		STITUTION	(TYPE OF WO	RK FOR MOST C	OF WORKING LIF	FE) INDUSTRY	
SEARCH   Conditions   Conditi	Halled in hould be	33	USU. 13a. S	TATE	13F CON	ITY	13c. CITY OR TO	WN					er A	Ve.	
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Temperature	dwo .	26	_					_			<del></del>			Lows	rd
18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c):   PART   DEATH WAS CAUSE BY:   Conditions, if ony, which   Government of course of the course of the course of the course of the underlying course lost.   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   (c)   PART   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO T	puo .	adica	16a V	ES, NO OR UNKNOWN)	( FYES, GIVE	WAR OR DATES)								The same and	
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276. DATE SIGNATURE  2776. SIGNATURE  2776. DATE SIGNATURE  2776. PHYSICIAN DIRECTOR PHYS	000	2		above, (1) (we)	sed alive on , (did) (did not	) view the body	ofter death.			y) (our) opinian i	death occurr	ed on the d	ote and hau		
236 BURIAL, CREMATION, REMOVAL 235 DATE 8-4-79  1236 LOCATION APROLIC A.A. COUNT Md.  24 FUNERAL DIRECTOR  1256 DATE REC'D. BY REGISTRANDS A.A. COUNT Md.	detoched	JT: # hen		27h SIGNATURE			sul	wol	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN [	87 BATE	SIGNED
236 BURIAL, CREMATION, REMOVAL 236. DATE 8-4-79 236. NAME OF CEMETERY OR CREMATORY APPRIL A. A. COUNT MO.  24 FUNERAL DIRECTOR 256 DATE REC'D. BY REGISTRAR 256 MADDIE	O FUNER	APORTA		13 HS	ANT	KHA		AL	22e ADDRE						
24 FUNERAL DIRECTOR  ADDRESS  250 DATE REC'D. BY REGISTRAR 254 ADDRESS  ADDRESS  ADDRESS					I, REMOVAL	-					AP	ATION OR TOWN	A.A	county Md.	STATE
C.E. IICKS 111 - Annapolis, Md. AUG 1 3 1979					111 -	- Anna	ADDRESS	Md.				registrar 1979			

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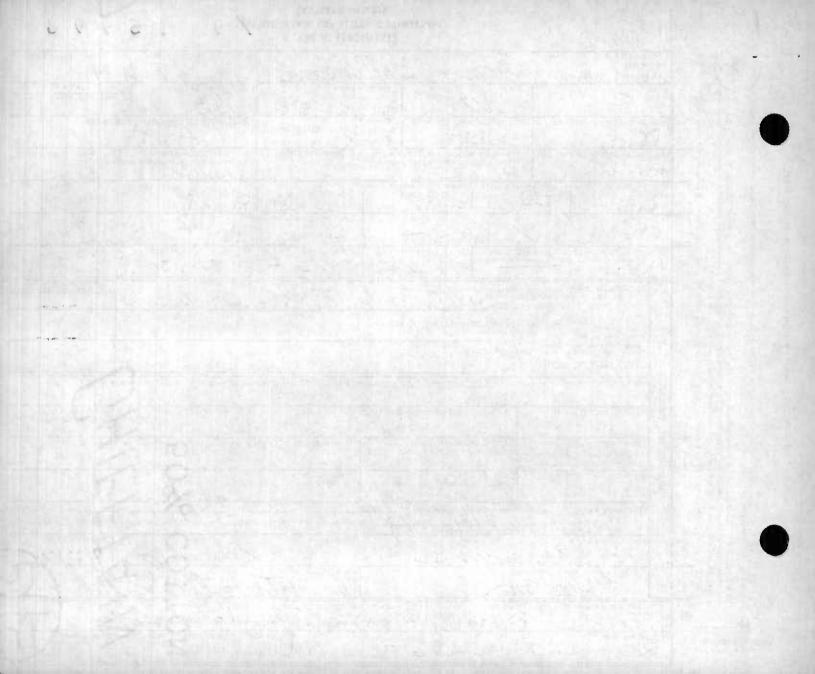
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NAME

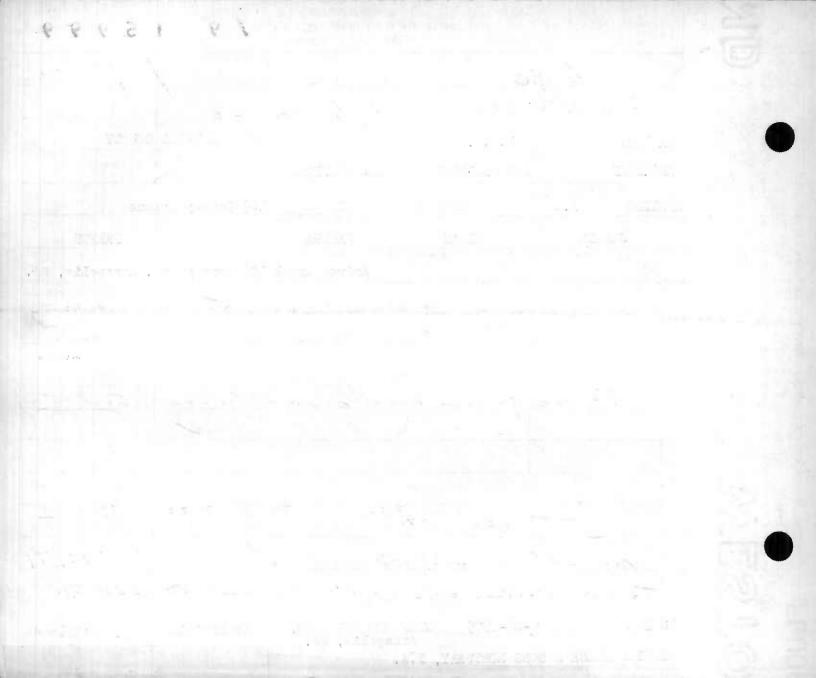
(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1 DE	STATE REGISTRAR CEASED NAME	FIRST	**	DDIE		ICATE OF DEATH	120 DATE	REG. N	O.	DAY WAY
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	3 SE)	Femi	10)	RACE NEGR	0	5 DATE O	DAY YEAR	6. AGE (II	YEARS LAST BIR	THDAY	MONTHS DAYS
26	CC	RTHPLACE (STATE OR I	FOREIGN 7h		VHAT COUNTRY?		D NEVER MARRIED		ORE CITY O		
40	10 CI	TY OR TOWN OF DE	ATH 11	NAME OF H	OSPITAL, NURSIN		ED DIVORCED  DR OTHER INSTITUTION  LA HOSPITAL	12a USUA	L OCCUPAT	ION	12b. KIND C
10	USUA 13a S	AL RESIDENCE IN NUE	136 COUNTY	HER INSTITUTION, (		ADMISSION)	136. INSIDE CITY LIMIT		T ADDRESS		
01		THER'S NAME	A.A		LAST	19	YES NO I		Dorsey	Avenu	LA!
641	léa V	JOSEP			SIMMS	RITY NO.	MARTHA 17 INFORMANT		ADDR	SS	PARK
1		NO OR UNKNOWN)	I IF YES, GIVE W				Andrew Cre	ek 101	Dorsey	Ave.	Annapo
		couse (a), stati underlying cousi	e last.	(c)	AS A CONSEQUE		NOT BELATED TO THE				
2	TIFICATION	PART 2 OTHER SIG	rece	the	Longite	OPERATIO	N WAS PERFORMED	heet	TOPSY?	20b. IF YES	S, WERE FINDING CAUSES
29	AL CERTIFICATION	190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING	ATION  IDERLYING  CAUSE OF DEATH	196 CO DI	INJURY MONTH DA	AY YEAR	al for tro	200 AL	TOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES
29	_	19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING   (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR	ATION  ADERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  WHILE  WHILE	21b. TIME OF HOUR A.M P.M 21e PLACE O	INJURY A. MONTH DA	AY YEAR	N WAS PERFORMED	200 AL	TOPSY?	200. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDING CAUSES
29	7	19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE  NOT W	ATION  ADERLYING CAUSE OF DEATH CAL EXAMINER)  RED  WHILE CO  (this hospital sed give an	21b. TIME OF HOUR A.M. 21e PLACE C (AT HOME, STEE	INJURY  MONTH DA  FINJURY  ET. FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC)	21c HOW INJURY OC  21f LOCATION STREET  DEGREE  ATTENDIN	200 AL YES CURRED (ENTER	NO STA	20h. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDING CAUSES S ART I OR PART 2)  COUNTY
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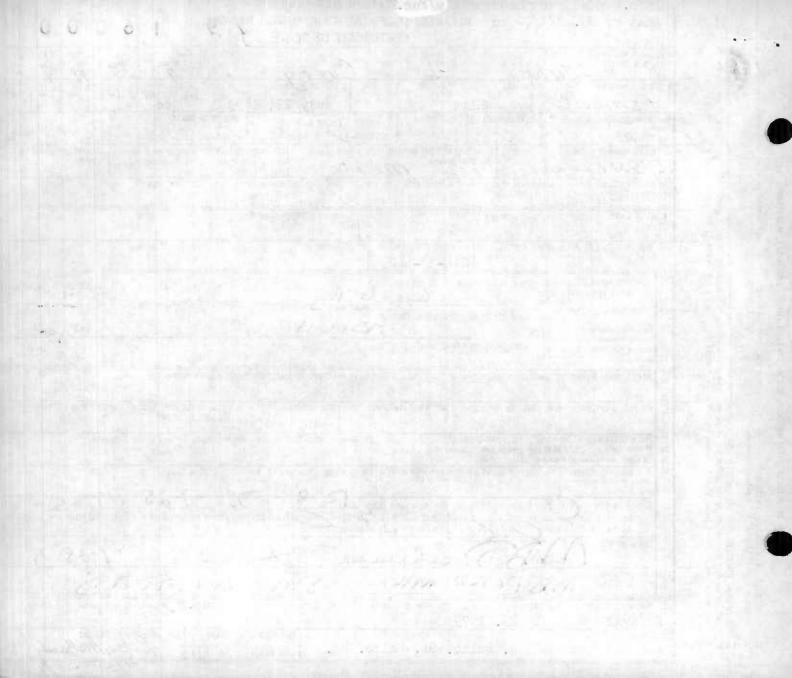


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

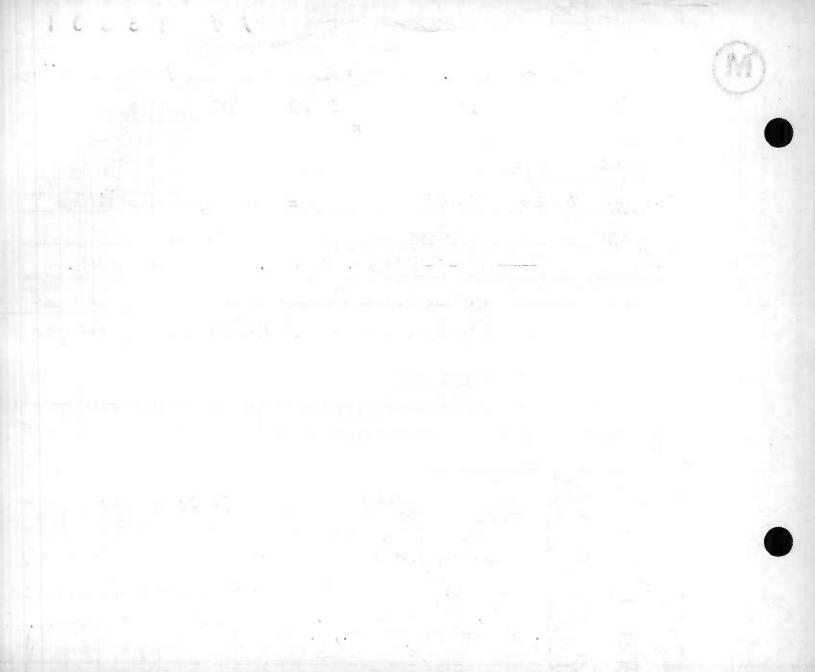
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Anatomy Bd. 8/1/79 rc



STATE OF MARYLAND

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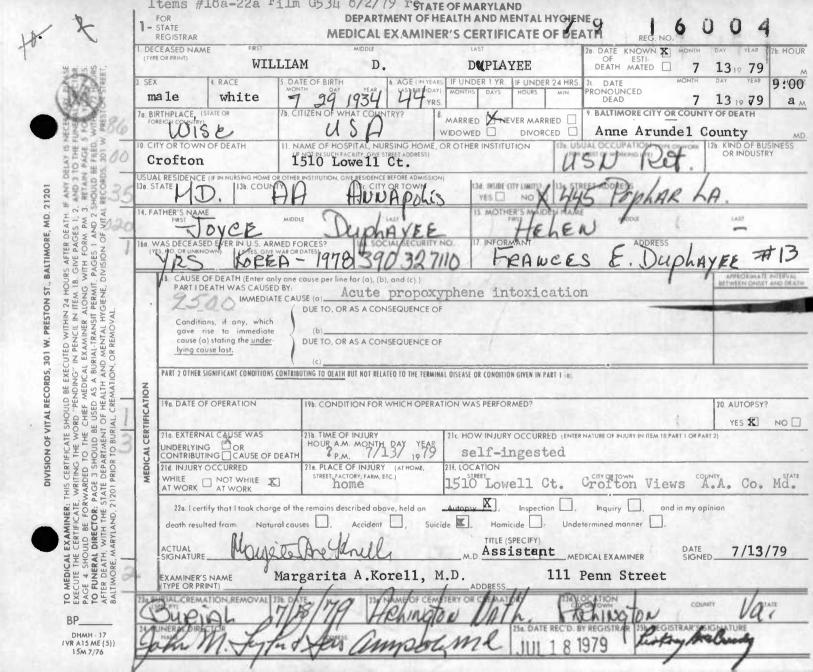
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completely filled  1 and 2 should the		THER'S NAME PIRST  Dominos  Joh  AS DECEASED EVER IN U.S. ARA		Diamono  16b. SOCIAL SECU		Caroline	WIODFI	DRESS	Brov	wn
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requires that the death certificate in signed by the attending physici. Then please remove carbon paper to buriol, cremation, or removal injury, or other troumatic event, the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	D BY: E CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF					
low s beer e prid rs any	CERTIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES	S, WERE FINDI	INGS USED S OF DEATH?
PHYSICIAN: The Ic ending physician. this certificate hos ne buriol-transit per and Mental Hygiene I dor Ifem 18 shows		11g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO		PART 1 OR PART 2)	NO 🗌
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
pital TOR: TOR: of He		22a.l certify that (I) (this hasping sow the deceased alive on above, (I) (we) (did) (did page)	7/18/77	19		d that in (my) (our) opinion	death occurred on the	e date and hou		, that (I) (we) last e causes stated F SIGNEDY
ITAL Sy th State		226. SIGNATURE	P PRINTI	fa Da F	Zim	ATTENDING PHYSICIAN 1	MEDICAL S DIRECTOR PHY	TAFF SICIAN	7/	(8/29
retoined by the retoined by the TO FUNERAL should be det with the State limportant:		S.P. WA	TKIN.	S			In location			
BP	73a. E	urial, cremation, removal burial	23b. DATE 07-20-			t Cemetery	23d. LOCATION CITY OR TOWN Annapol:	is, Ann	county le Arund	del. Md.

Annapolis, Anne Arundel Burial Hillcrest Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Beall Funeral Home, 1212 West St. Anna., Md.

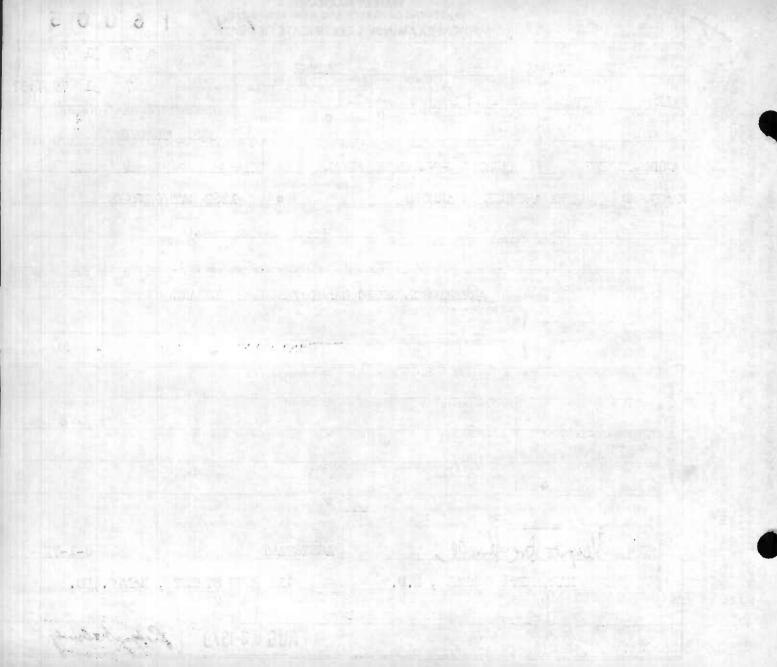
STATE OF MARYLAND

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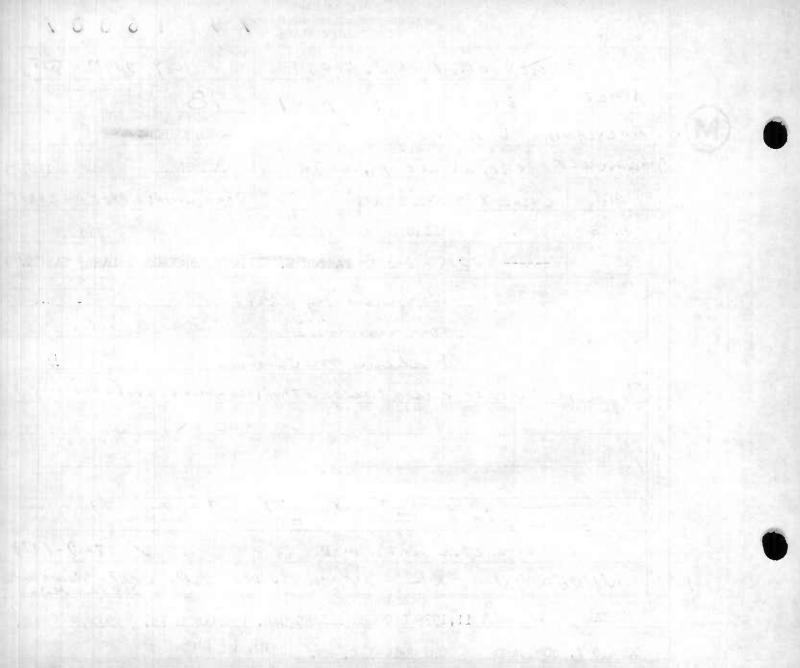
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4	16a. V	S, NO, OR UNKNO	D EVER IN U.S. ARM	IED FORCES?	166. SC	CIAL SECURITY	Y NO.	17. INFOR	MANT		ADI	DRESS			
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1		gave ri	ris, it any, which ise to immediate	(b)									4		
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ı	z	PART 2 OTHER SI	IGNIFICANT CONDITIONS <u>C</u>	DATRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE	OR CONDITI	DN GIVEN IN PA	RT 1 (a).					
4	CERTIFICATION	10a DATE OF	OPERATION	Tink CON	IDITION FOR	WHICH OPER	ATIONIA	C DEDEO	DAAEDS				20. AUT	OBCVO	
١	FICA	Int. DATE OF	OI ERATION	178. CON	DITION FOR	WHICH OFEK	ATION WA	SPERFO	KMED!						
Н	ERT	21n EXTERNA	AL CAUSE WAS	71h TIME	OF INJURY		Izir HO	WINIER	Y OCCUPPE	D (ENTERN	ATURE OF INJURY IN	ITEM 18 PART 1 OR		矣	NO [
1		UNDERLYING	G OR	HOUR	A.M. MONTI	H DAY YEAR	2	., 11430K	. OCCURRE	D (CITIER N	WALL OF BADRIES	TO THE PART I OR			
1	MEDICAL	21d. INJURY (	NG CAUSE OF DI		P.M. E OF INJUR	Y (AT HOME	21f. LOC	ATION							
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		death result	ed fram: Nature	couses 7	Acciden	Sui	icide 🔲,	Ham	icide .	Undete	rmined manner				
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4		ACTUAL SIGNATURE,	Kun-to	man	rell	,	M,	ASS.	ISTAN	MEDI	CAL EXAMINER	DAT	NED 8-]	1-79	
)		EXAMINER'S	NAME SEATE												
1	•	(TYPE OR PRI	NT) MARGA	RETA KO	RELL	, M.D.	^	DDRESS.	111	PENN	STRIDENT	BALT	O. MD.		
I	23a. B	JRIAL, CREMA	TION,REMOVAL 23	b. DATE		NAME OF CEA			ORY	23d. LO	CATION	cc	YTAUC	STAT	TE
		Buri		3-3-79	EI	mwood C	Ceme te	ery	111111	Bir	mingham				a bar
ı		NERAL DIREC		ADDI	RESS				252 975	REC'D BY	Q70	RECISTRAR'S	SISNATUR	ody	
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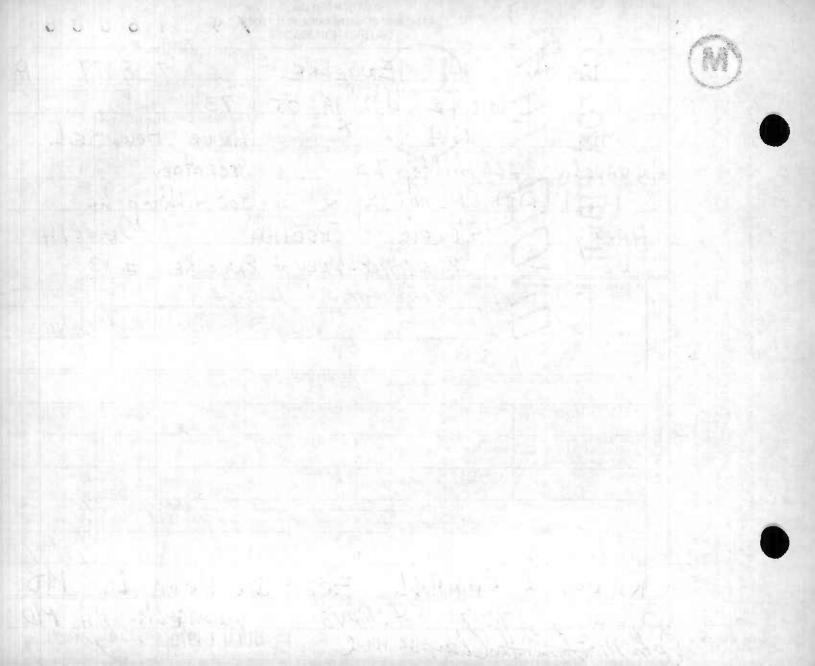


STATE OF MARYLAND



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e 4 may b	3 SEX		4 RACE		S DATE OF		6 A	GE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF INDER 24 HRS HOURS MIN
oth Pog	CC	THPLACE ISTATE OR FOREIGN UNTRY) MARYLANI)		F WHAT COUNTRY	? 8 MARRIED WIDOWED	NEVER MARRI	ED - 9 B	ANNE ARUN		
by the filed w	10 CI	Y OR TOWN OF DEATH	, (IF NOT IN S	F HOSPITAL, NURS SUCH FACILITY, GIVE STREE	ING HOME OF		ON 12a	USUAL OCCUPATION TO OF WORK FOR MOST OF WITH	12b, KIND C	MD.  OF BUILDING
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and 2 sh	14 FA	JAMES	MIDDLE R	ELLIC		VICTOR		, MIDDIE	34 YELLI	ÖTT
n and co	16a W	AS DECEASED EVER IN U.S.	ARMED FORCES' GIVE WAR OR DATES)		URITY NO. 2-0189	MARTON E	: elli	ADDRESS	ES ISLAND	
ow requires that the death certificate been signed by the attending physic mit. Then please remove carbon paper to burial, cremation, or removal ony injury, or other traumatic event, it	CATION	PART I. DEATH WAS CAL  IMMED  250  Conditions, if any, which gove rise to immediate couse oil, stating the underlying couse last  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  190 DAJE OF OPERATION	DIATE CAUSE (a) DUE TO,    b) DUE TO,    CO DUE TO,	OR AS A CONSEO	UENCE OF Leter		HE TERMINAL	Recholic 20 AUTOPSY? 21	Db. IF YES, WERE FINDI	NGS USED
AN: The Ich hysician. Icate has rransit per Hygiene 18 shows	0	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY		ES NO S	YES THEM 18, PART 1 OR PART 2)	NO []
After this certifies as the burial-lith and Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TOR: A		220. I certify that (I) (this has saw the deceased alive abave, (I) (wet (did) (did	an	- 5 19	- for 1	, 19. I that in (my) (——)	79 opinion death	to 7 9	and haur and from the	that (I) (we) lost
Fra OR AT		22b. SIGNATURE		dolin	228.	M · D ATTEN	DING MI	EDICAL STAFF RECTOR PHYSICIAN	224. DATE 7-	9-1979
to HOSPITA etained by 10 FUNER Should be d with the 3to		22d. PHYSICIAN'S NAME (TYPE)	DIN	ERK		CROWN.	SULLE	E HSP.	CNT: CR	ownsulce Md.
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		NERAL DIRECTOR NAME DONALD V. BOI		ADDRESS	REPUBLI		25a. DATE REC	BROOMES TO BROOMES TO BY REGISTRAR 256	S. CALVET	RT MD.





					STATE OF MARYLAND			
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A)	3. SEX		14 RACE		DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		M
1		Female	Cauc	asian	May 30, 19	24	55 YRS. MONTHS	DAYS HOURS MIN
of once	Ma BIR	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF		married D never married		rundel Co	
)		en Burnie		HOSPITAL, NURSING HALLY GIVE ALL MARKET	HOME OR OTHER INSTITUTION		ION 12b. K	IND OF BUSINESS OR
5	USUA 130. S <b>Ma</b> .	L RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD 131 CITY OR TOWN Glen Bur	MISSION)  13d INSIDE CITY LIME  YES NO	13° STREET ADDRESS.	lpark Cou	art Apt.
21		THER'S NAME	MIDDLE	Lilley	15. MOTHER'S MAIDE NelTie			ward
edicoles		'AS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECURIT		ADDR		
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9	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO []
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	EATH HOUR A.		YEAR	CCURRED (ENTER NATURE OF INJU	PRY IN ITEM 18, PART 1 OR PA	RT 2)
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should be defoched with the State Dept MAPORTANT: If Item		22d. PHYSICIAN'S NAME (TYPE		i'VASA	ATTENDING PHYSICI.	MEDICAL STA	CIAN	1/20/79 To, 2/22

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B B	d.l.	1	3 SE	(		4. RACE		S. DATE C		6. AC	GE (IN YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
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AND 21	filled in	d must b	13a S	TATE LATING			n. GIVE RESIDENCE BEFOR 13c. CITY OR TOW Arnold	E ADMISSION)	13d INSIDE CITY LIMITS YES NO 🛣		street ADDRESS 192 Via Dar	nte		
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WA we	and	<b>6</b> X		Beverly			hpaw		Emma				Jone	
ORE,	ges !	dical		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			
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L RECORDS.	has been si permit. The	aws any inte	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONE			N WAY PERFORMED				VERE FINDIN	
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ME WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) new the body ofter death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN A DIRECTOR | PHYSICIAN | TIL PHYSICIAN'S NAME (TYPE OR PRINT) 27 e. ADDRESS 325/Hospital Drive, #208 Glen Burnie, Maryland, 21061 HILARY T. O'HERLIHY, MD. 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Glen Burnie, Anne Arundel, 07-07-79 Glen Haven Mem. Park 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Funeral Home, 1212 West St., Anna., Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

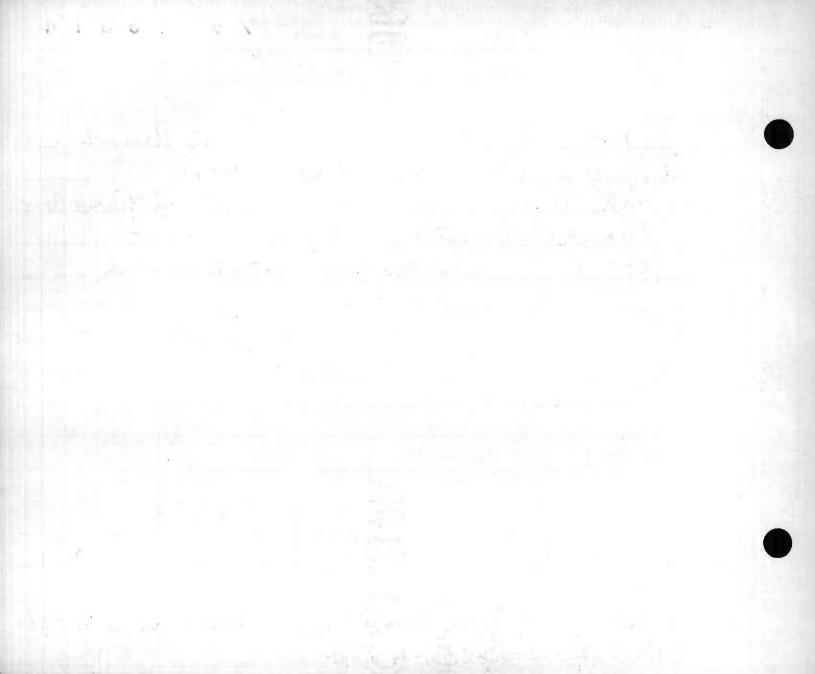
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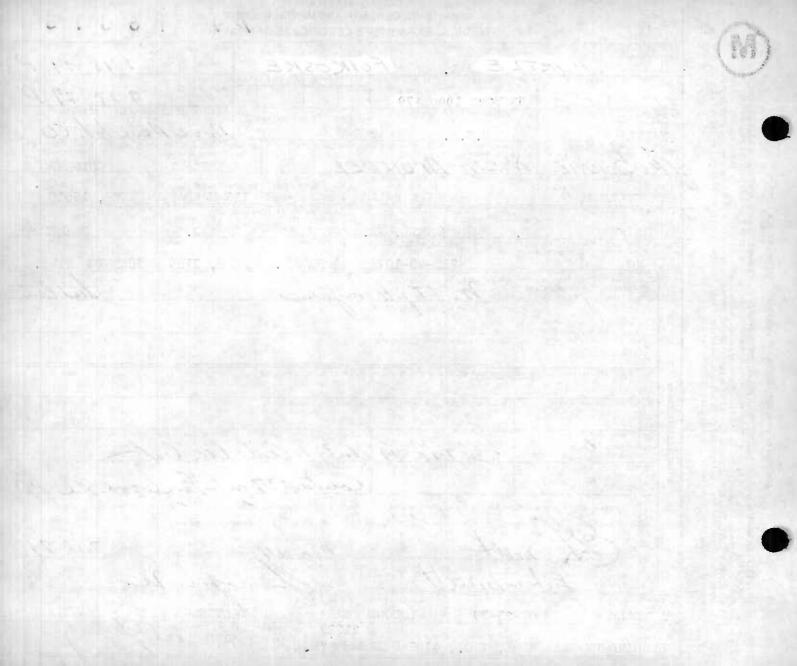
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CO FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN . DECEASED NAME 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Val Anthony Fitzgerald & AGE (IN YEARS DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 79 Male Black Oct. 29,1948 30 DEAD 30 10 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED OREIGN COUNTRY) U.S.A. Anne Arundel County, Alaska DIVORCED 20. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS D. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Severna Park Custodian P.G. Co. Schools 2, AND 3 TO 3. RETAIN PA 2 SHOULD BE PAL RECORDS, 3 Jonas Green State Park USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince Georges 12912 Fletchertown Road Bowie YES X NO [ FORM PM 3. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Fitzgerald Mercedes Fletcher 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Bowie, Maryland (YES, NO, OR UNKNOWN) PAGES 217-48-8159 William H. Fitzgerald, 12912 Fletchertown ALTRANSIT PERMIT. F WENTAL HYGIENE, DIV REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, C YES X NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X.M. MONTH DAY YEAR UNDERLYING TO OR drowned while swimming CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e. PLACE OF INJURY. LATHOME. TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI WHILE AT WORK river MD Severna Park. A.A. 220. I certify that I took charge of the me aim described above, held of Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUA MoDeputy ChiefMEDICAL EXAMINER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn ST. Balto., MD (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Ascension Church Cemetery Bowie, Maryland 250. DATERED O REGISTRAN SECULTAR SECULTAR 24. FURENCE CT. Beall Lanham Funeral Home A **DHMH - 17** VR A15 ME (5)) 9013 Annapolis Rd., Lanham, Maryland 15M 7/76

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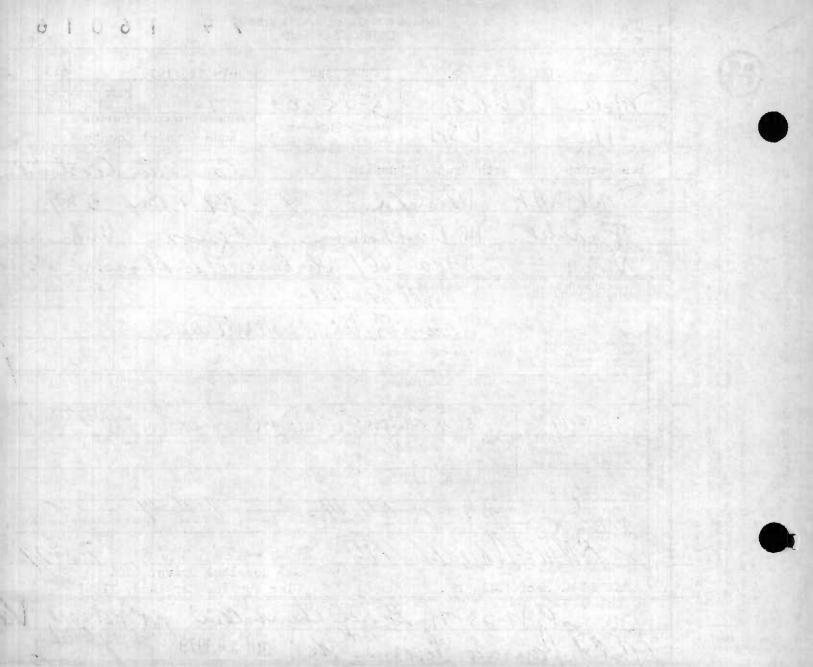
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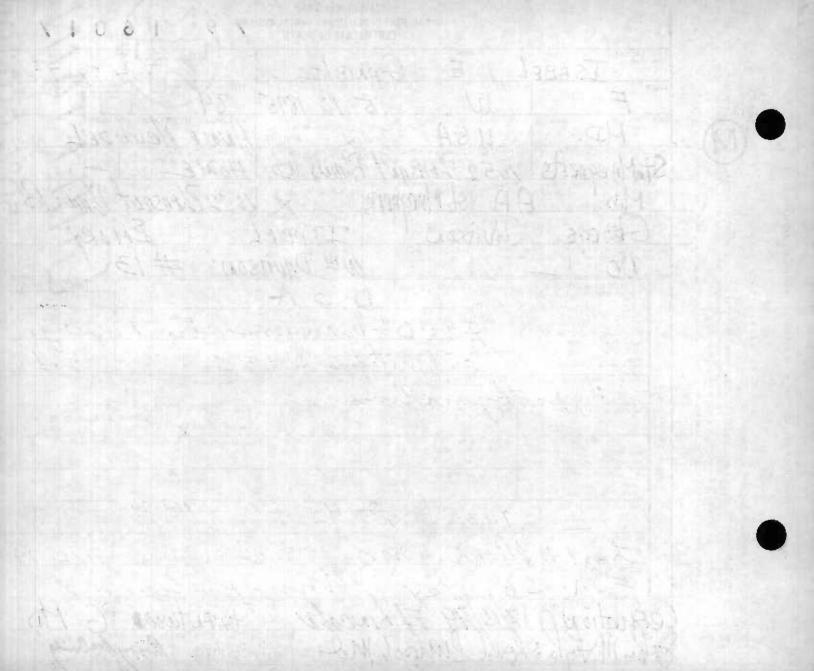
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEAT REGISTRAR In DATE KNOWN 7b. HOUR TIVE OF FEMALE DEATH MATED FULKOSKE 6. AGE (IN YEAR) IF UNDER 1 YR SEX 4 PACT DATE OF BRITH IF UNDER 24 HRS. DATE MORITH LAST BRITIDAYS 7540 DAY PRONOUNCED DEAD 12 1899 80 YRS FEMALE WHITE E BIRTHPLACE LITATE OR IL CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED POREIGN COUNTRY! WIDOWED X DIVORCED MARYLAND U.S.A. II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORLING LIFE) OR INDUSTRY SALESLADY GOLDBERG & CO. US COUNTY 13: CITY OF TOWN COUNTY ALL HOUSE CITY FUNDS. 13e. STREET ADDRESS PENNSYLVANIA BEAVER FALLS 133 MARGARET DRIVE. NO X 15010 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MEDDLE TRIST MEDDO CAST HEINER SEWELL, SR. LENA CLIFTON IM. SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** MAS DECEASED EVER IN U.S. ARMED FORCES? TYES, HO, OF UNKNOWNS I (IF YEL GIVE WAR OR DATES) MELVA L. HOMENS, 7104 WASHINGTON BLVD 216-40-1076 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 :=: 186 DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSYT YES EL NO EL BURSAL 71a EXTERNAL CAUSE WAS 71s TIME OF INJURY THE HOW INJURY OCCURRED CENTERNATURE OF MIGHT IN TERM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED THE PLACE OF INJURY STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK and in my opinion 17s. I certify that I took charge of the remains described above, held on death resulted Undetermined manner TITLE (SPECIFY DATE 7.18.79 ACTUAL SIGNATU EXAMINEITS NAME TYPE OR PRINT MARYLAND BALTIMORE CITY LOUDON PARK 07-23-79 BURIAL 21229 214. DATE REC'D, BY REGISTRAR 1444 14 FUNERAL DIRECTOR **DHMH-17** ( VR A15 ME (5)) HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE. 15M 7/76



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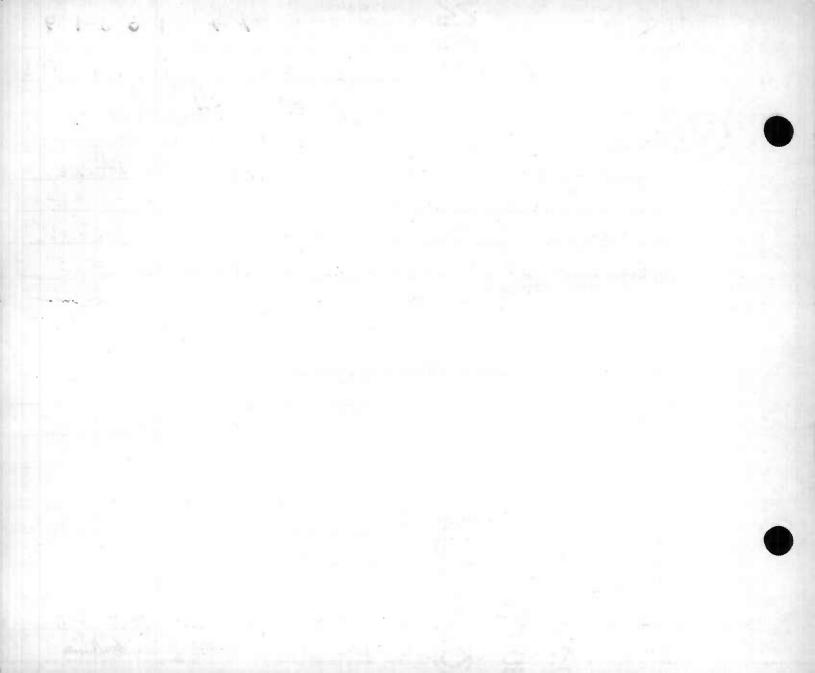


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EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2 AND 3 TO LIFE TO DIRECTOR.  PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN POUR FILES.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE TO HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF VITAL RECORDS, THE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13a. S	RESIDENCE (IF IN NI TATE aryland	136 COUNTY	A	residence before al 13c CITY OR TOV Glenbu	mission)	13d. INSIDE (I	TY LIMITS?	3e. STREET ADDR	ESS Phirr	ne Ro	ad				
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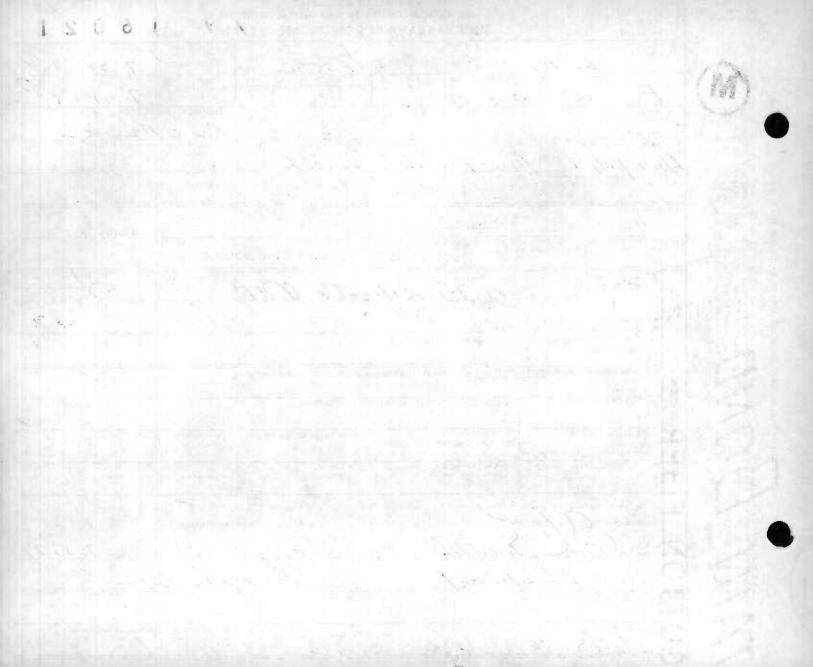


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图石					YES NO W		dontown Rd.	
-	14. F	ATHER'S NAME	A.A. LO. 1 F.O	gewater_	15. MOTHER'S MAIDEN		nontown no.	
E		FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAST
		alph was deceased ever in u.s		allone CIAL SECURITY NO.	Anna 17. INFORMANT	400	ress unkn	own
			GIVE WAR OR DATES)	CIAL SECURITY NO.	I/. INFORMAIN		57 Carr Whar	fs Rd.
Ē		no	577-	26-6903	Mary G. S	Seaton Ed	ecwater Md.	21037
÷.		18. CAUSE OF DEATH (Ente	r anly ane cause pe far	(a) (b), and (c).	00		APPRO BETWEE	NONSET AND DEATH
L A	110	PART I. DEATH WAS CA	DIATE CAUSE (b)	Dens C	erebrato	neury 2		
		421-	DUE TO, OR AS A C	CONSEQUENCE OF		,	STORES OF STREET	10 1 1 1 1 1
E C		Conditions, if any, which		Allen	iller	~6	ALC: NO THE REAL PROPERTY.	
		gave rise to immediate						
		couse (a), stating the underlying couse last	DUE TO, OK AS A C	ONSEQUENCE OF			-57000	
	M	DADE OF STREET	(c)	70.00				
	NO	SARW	T CONDITIONS CONTRIBL	VZ.	IT NOT RELATED TO THE T	ERMINAL DISEASE OR CO	NDITION GIVEN IN PART	l(a)
Ony O	A	19a. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
1	Ě	STATE OF THE REST				YES NOT	IN CERTIFYING CAUSE YES [7]	NO []
	E E	21a. ACCIDENT WAS UNDERLYING				CURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 OR PART 2	)
9		OR CONTRIBUTING CAUSE O	DEATH	ONTH DAY YEAR	ACCOUNT OF THE PARTY OF THE PAR			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	NER) P.M. 21e PLACE OF INJU	19	21f. LOCATION			
	ME	WHILE MOT WHILE M	(AT HOME, STREET, FACTO		STREET	CITY OR TO	OWN COUNTY	STATE
		AT WORK				)	79	
			ospital) attended the decea	06	, 17	, 10	19_/	, that (I) (last) last
		saw the deceased alive	an 7-5	oth. 19 77.	and that in (my) (our) opin	nian death occurred on the	date and hour and from th	ne causes stated
	1	116 SIGNATURE	-01.0		DEGREE	THE PERSON NAMED IN COLUMN	22c. DA	TE SIGNED
	1	form 12	(dul		ATTENDIN PHYSICIAL	MEDICAL ST	AFF	5-79
	1	22d. PHYSICIAN'S NAME (T	PE OR PRINT)	11 . 0	22e. ADDRESS	A A		10
/		ERROL	B-U	MILLE	30 (hd	gely love	. Bus W	d 3148,
=	23a.	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY	STATE
-16	1	Burial	7-9-79	Cedar	Hill Cem.	Suitl		M 1
7	24. F	UNERAL DIRECTOR			25a.	DATE REC'D. BY REGISTRA	R 25h. REGISTRAR'S SIGN	rruke)
		NAME		12 R	idgley Ave.	JUI 9 1979	proposey !	Turbely
		ardesty Funer	al-Home	Ann.	110.			

The most of the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Marie DEATH MATED 22/07 DATE OF BIRTH IF UNDER 1 YR DATE PRONOUNCED w DEAD 02 Ta. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) MARRIED Wash, DC USA WIDOWED DIVORCED ID. CITYOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY shipping clerk retail sales -UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13e. STATE AACO Edgewater 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4105 Shoreham Beach Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mamie PAGES 1 AND Kussmull George Talbert FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 577 36 2912 Robert D. Glascoe:#13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY N ONSET AND DEATH IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES | NO BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from Homicide Undetermined manner TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORÉ, MARYLA DATE 7, 12.79 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Sulfurand Burial 7-25-79 PGCo Ma STATE BP 25a. DATE REC'D. BY REGISTRAR 216 FLG TRAP WAS ALLES 24. FUNERALDIRECTOR **DHMH - 17** (VR A15 ME (5))

30M 7/73



236. DATE

WILLIAM REESE & SONS MORTUARY, P.A.

FOR

1. DECEASED NAME

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 7h HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS SEUNDER LYEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH ARUNde 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Center St. TAYLOR Md. CHARLOTTE GREEN 203 L Center St. Annapolis. APPROXIMATE INTERVAL en O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 251 REM

Annapolis

PINELAWN MEM. PARK

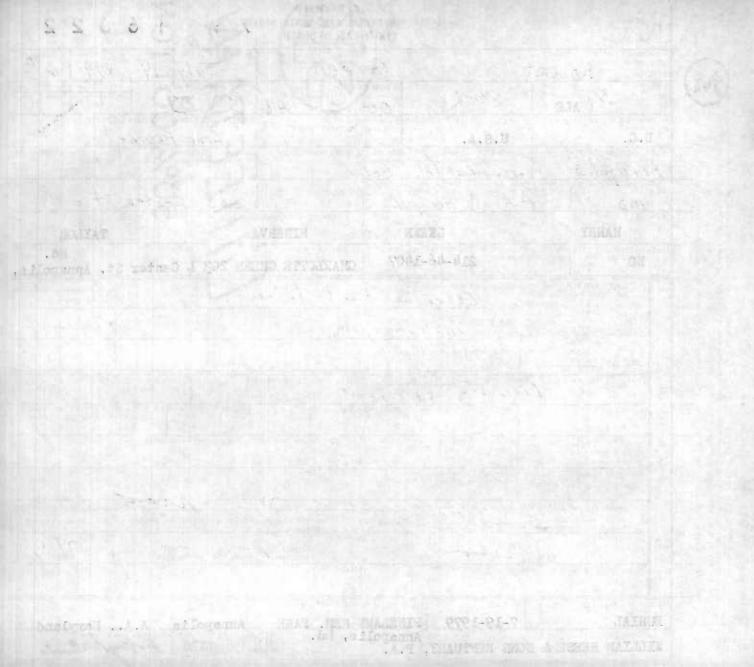
Annapolis, Md.

COUNTY

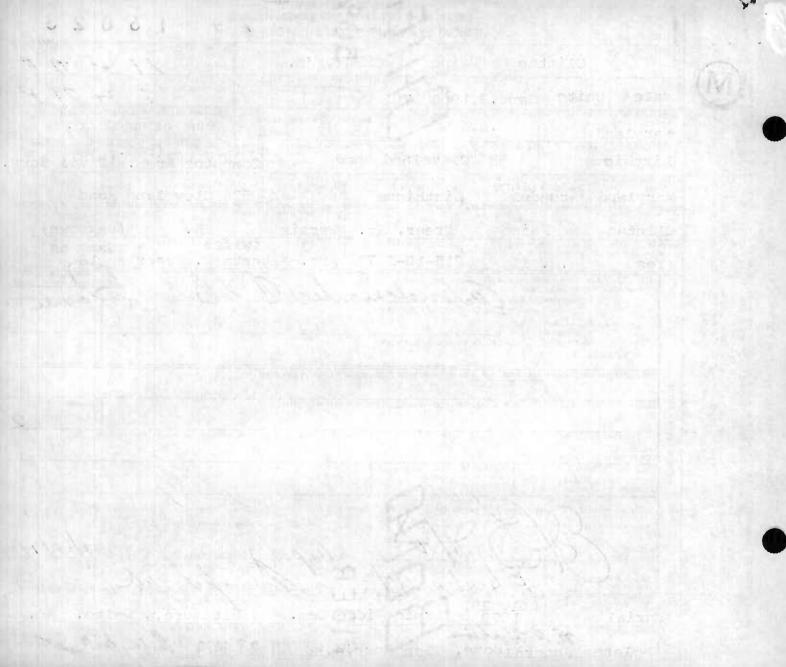
STATE

BP

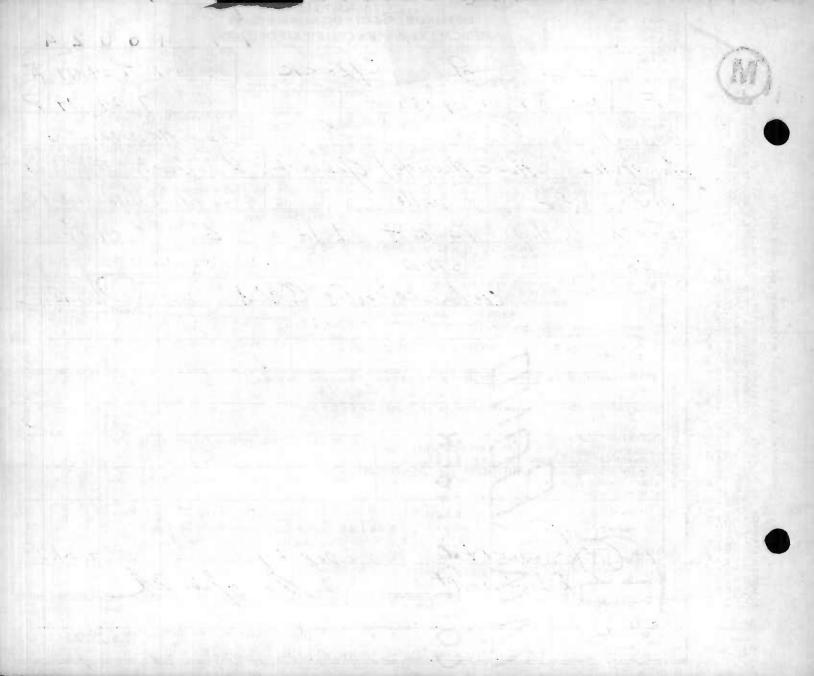
DHMH - 16 50M 7/77 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN Zb. HOUR (TYPE OR PRINT) Clinton Paine GREER, ESTI-Jr. DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 4. RACE SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED white male Sept.3,1908 70 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A Anne Arundel Maryland DIVORCED WIDOWED II. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) ( T C T . ) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IENOS)38 FACTIEVETABILITY ROad Linthicum Computor Prog. Civil Serv. RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Anne 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13c, CITY OR TOWN Linthicum 538 Cleveland Road Maryland Arundel NO. OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS1 FIRST Clinton Paine Greer, Sr. Persis R. unknown 166. SOCIAL SECURITY NO. 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Same DIVISION as PAGES I (IF YES, GIVE WAR OR DATES) 215-10-5872 Alberta E. Greer Mrs. Yes W.W. CONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lipe for (a) (b), and (c) CAL EXAMINER ALONG BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, I PART I DEATH WAS CAUSED BY ITEM IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [] PAGE 3 SHOULD BE STATE DEPARTMENT C 71a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED THE PLACE OF INJURY INTHOME. III. LOCATION AT WORK NOT WHILE STREET, FACTORY FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE STATE 21201 described above, held an 22e. I certify that Autapsy Inspection and in my opinion OR DIRECT death resulted fro Homicide Undetermined manner EXECUTE THE C EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL SIGNATURE EXAMINER'S TYPE OR PRIMI 230 BURIAL, CREMATION, REMOVAL 73¢ NAME OF CEMETERY OR CREM 28, SPECIFY) Druid Ridge Cem. kesville, Balto. Md. Buria1 BP **DHMH-17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, Md 15M 7/76



**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO. I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-EdNA DEATH MATED 6. AGE (IN YEARS OF UNDER ) YR IF UNDER 24 HRS SEX 4 RACE DATE OF BIRTH DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 9 DEAD 19/ WITHIN b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED York N PAGE S ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY ewer? IN NURSING HOME OR OTHER INST 113b. COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE 21201 NO VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA, IDDLE MIDDLE OF VIT OSPP 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ADDRESS DIVISION OR. LINKNOWN) (IF YES, GIVE WAR OR DATES) Mary Lou Idle-Lee Same as -12-2413 18 CAUSE OF DEATH (Enter only one couse per line for (a) b), and 18 BURIAL-TRANSIT PERMIT. WEEN CHISET AND DEATH ALONG PART | DEATH WAS CAUSED BY 11200 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which EXAMINER gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost OR CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A ALTH A CERTIFICATION OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES [ BE 3 SHOULD BE 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE PAGE STATE AT WORK 21201 AT WORK DIRECTOR: 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Inquiry death resulted from: Hamicide Undetermined manner SHOULD TITLE (SPECIFY ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA SKINATI EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE SPECIFY) Suitland BP Burial 7 - 27 - 79Cedar Hill Md 24. FUNERAL DIRECTOR 25e, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Annapolis Md Hardestv 12 Ridgely Ave. 30M 7/73



Home GlenBurnio

Singleton Funeral

(VRA 15 (4))

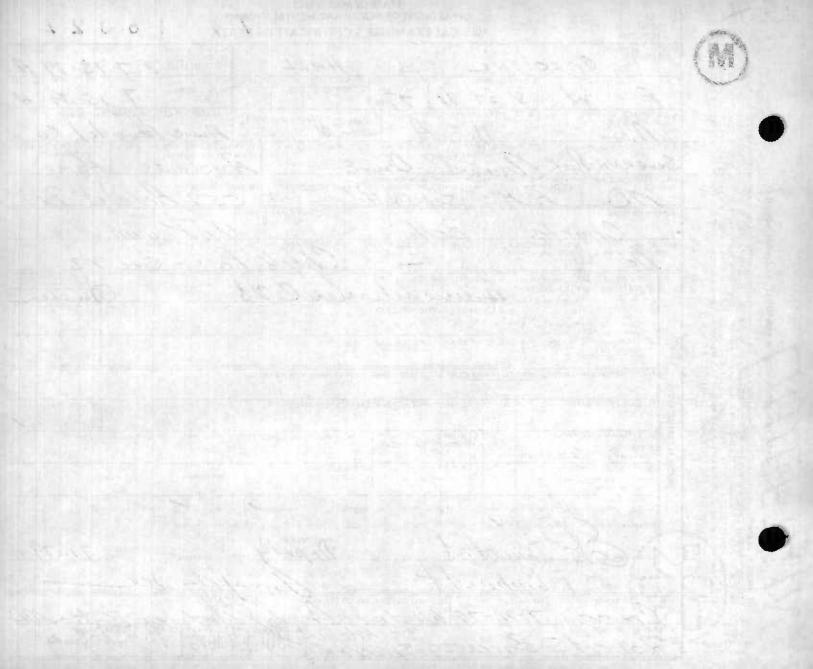
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1	FOR			DEDARTA			ARYLAND							
( I -	STATE REGISTRAR						AND MENT			1	6	0	2	6
	ECEASED NAME			MIDDLE			AST	LOIDE	2a. DATE OF	KNOWN ESTI-	MONTH			1
3. SE		FRANK 4. RACE	5. DATE OF BIRTH	J. YEAR	6. AGE (IN YEA	RS IF UNI	DER 1 YR. IF UI	NDER 24 HRS	S. 2c. DATI	E NCED	MONTH	14 DAY	19 79 YEAR	2d. HC 2:2
	male   BIRTHPLACE (STA OREIGN COUNTRY) MD	white G	ct.19,1 7b. CITIZEN OF W	HAT COUN	18 YR	8. MARRIE	NEVER A		9. BALTIA	AORE CITY	7 OR COU	14 NTY OF	19 79 DEATH	La
10. 0	CITY OR TOWN O		11. NAME OF HOS	SPITAL, NUF	REET ADDRESS)			VORCED L	Ann ISUAL OCCU	e Arun Mech.	rde1	Cour Flan K	THU OF B	usiness ear
USU 13a.	AL RESIDENCE ( STATE  MD	IF IN NURSING HOME OR		13c. CITY	BEFORE ADMISSION OR TOWN Burn	ON)	13d. INSIDE CITY LIM	11TS? 13e. S1	TREET ADDR	ESS Alla	rd (	Ct.	Ant	304
14. 6	ATHER'S NAME FIRST Thom		MIDDLE H		LAST		15. MOTHER'S A		WE	MIDDLE		omas	LAST	. 30-
16a.		EVER IN U.S. ARM		16b. SOC	1AL SECURITY 86/55		Mrs.			ADDRES	s sar	ne a	as I (wif	
>	Candition gave rist couse (o) lying cous	s, if any, which to immediate stating the under- te last.	BY: CAUSE (a). Mu DUE TO, OR (b) DUE TO, OR (c)	AS A CON	e inju	DF DF						BET	WEEN ONS	TE INTERVAL
CERTIFICATION	PART 2 OTHER SIG	OPERATION					OR CONDITION GIVEN					20.	AUTOPSY	r?
MEDICAL CERTIFI	21a. EXTERNAL UNDERLYING CONTRIBUTIN	OR IG CAUSE OF DE	EATH 12:58	AM 7	DAY YEAR 14 19 79	g dri	winjury occ					PART 2)	YES X	NO [
MED	21d. INJURY OF WHILE AT WORK  220. I certify deoth resulte	NOT WHILE XX	high	way	ve, held an	21f. LOC	ATION REET Vin Hig	hway 6	CITY OR TO	S. An	C	rund		STAT
2	ACTUAL SIGNATURE_ EXAMINER'S N (TYPE OR PRIN		E Be	No. Ko	ll rell, l		TITLE (SPECIF  Assist	antME	enn St		DATE	E VED	7/15	/79
24.1	Burial UNERAL DIRECT	ION, REMOVAL 231	uly 17,	79 Me	LAME OF CEN	AFTERY OR	Mem P	K E	LOCATION TY OR TOWN 1 Kric BY REGISTR			YTHU	Prest	STATE
	Simgle	ton Fun	eral Ho	me,	Glen	Bur	nie, MD	INT I	6 19/9	-	1		./	

OS COMPANIENCE 145 Carridge Calenga (m. 1774)

	1	500	STATE OF MARYLAND	
	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 2 7
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO.	0 4 /
A		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MON OF ESTI-	TH DAY YEAR 76. HOUR
1		CARC	DINE B HALL DEATH MATED DE	151979 AM
	3. SE.	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MON	TH DAY YEAR 2d. HOUR
m		FW	S 27 9 LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	15 1979 BM
П	7a. B	IRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 18 [9 BALTIMORE CITY OR COL	
70	FC	DREIGN COUNTRY!	MARRIED   NEVER MARRIED	-//
	10.0	TY OR TOWN OF DEATH	WIDOWED DIVORCED ALL FARE	U (C). (O MD.
0	10 0	2. 26/ 11	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WO EOR MOST OF WORKING LIEE)	RK 12b. KIND OF BUSINESS OR INDUSTRY
	<u>₩</u>	EVERNA-VARK	Thursell Creve Housewite	Home
-		TATE 136 COUN		
5		171).	1. H. SEVERNATORK YES NOW 5.59 HOUR	del De
	14. F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	11111111111
10		FIRST 3.	MIDDLE CLAST EIRST MIDDLE	LAST
7	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	7/
1	(Y	ES, NO ORUNKNOWN) (IE YES, GIVE	WAR OR DATES)	
1		//0.	- Charleshass - Jec	2./3.
1		<ol> <li>CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE</li> </ol>	ly one cause per line far (a), (b), and (c).)	REPROXIMATE INTERVAL
			TE CAUSE Quelerio Selerales CVS	Tudher
		4292	DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave rise to immediate	(b)	100 C 100
-1		cause (o) stoting the under-	DUE TO, OR AS A CONSEQUENCE OF	
4		lying cause last.		
		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	
	z	Tank to the storm (and conditions)	CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	
-	J.	19a, DATE OF OPERATION	18. CONDITION FOR WILLIGH OPERATION WAS REPEORISED.	
	NO.	1190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
5	TIE			YES NO Z
3	CE	214 EXTERNAL CAUSE WAS	216. TIME OF INJURY A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN 11EM 18 PART 1.0	R PART 2)
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19	
	MEDICAL CERTIFICATION	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
	X	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
		220. I certify that I toak charg	e of the remains described above, held an Autopsy 🔲, Inspection 🗐, Inquiry 🗐, and in my	opinian .
		death resulted from: Notus	ol causes , Accident , Suicide , Hamicide , Undetermined monner ,	THE RESERVE
	1	6//	TIPNE (SPECIFY)	
		SIGNATURE OF	) - a - fin 1	TE 7.11.79 .
		0	MEDICAL EXAMINER SIC	NED ////
to		EXAMINER'S NAME (TYPE OR PRINT)	whord to me they chali me	
$\dashv$	22- 0	URIAL CREMATION, REMOVAL 2	ADDRESS / AND / ADDRESS /	
	/30.B	URIAL CREMATION, REMOVAL T	36. DATE 234. NAME OF CEMETERY OR CREMA DRY 234 LOCATION CITY OR TOWN	COUNTY // STATE
	04.5	Cremation	176-19 West wear Crematory Westween	5 Ho. M.
	24. F	UNERAL DIRECTOR	ADDRESS 50/8/tchress DATE REC'D. BY REGISTRAR 256. HE ATRAN	SSKHATURE
	1	MODELTS.	Darranco Severna for JULI 1919	The state of the s

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,	V	1-	FOR STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE G	16	0 2	9
	1		CEASED NAME OR PRINT)	FIRST	MINISTER.	MIDDLE		AST	28 DATE OF DEATH		YEAR	26 HOUR DST
1	631			ANN		М.	HI		JULY 13,			3:25 Am
4)		3. SEX	Female		White		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF I	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
2.1	100	C	RTHPLACE (STATE OR F			WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR			
hin 7	1		LEN BURNI		U.S		WIDOWE		ANNE ARUN			MD.
filed with	54	G.	Len Burn	ie	NORTI	H FACILITY, GIVE STREET A H ARUNDEL	HOSP	TAL	(TYPE OF WORK FOR MOST OF Homemaker	WORKING LIFE)	INDUSTRY	F BUSINESS OR
ould be	Church De	13a. S	AL RESIDENCE (IF NUR TATE Laware	Sus:	VIY	GNE RESIDENCE BEFORE	ADMISSION)	13d, INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 142 Kings	Hgwy		
and 2 sh		14 FA	THER'S NAME FIRST Michael		MIDDLE	Dul1		15. MOTHER'S MAIDEN NA	ME	0	LAS	τ
ages 1	0	16a. V	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	S		
Pag	0		NO	(IF 123, OIV	E WAR OR DATES	183 03	4164	William F	. Hill san	ne as	13 e	
ol, cremotion, ar	r omer recomons		Conditions, if any gave rise to im cause (a), statiunderlying cause	mediate	(b) 7	RAS A CONSEQUE DXIC EPIC RASIA CONSEQUE HIEVOV	lermo	Mecrolysis;	e Cachexia			
it permit. Then ple jiene prior to burio	gams and rulary, a	CERTIFICATION	PART 2 OTHER SIG Seven ASC 190. DATE OF OPERA	ND.C	arcinoma i	Bladder: Ro	ectoVoc	twalfistulu2 Rain Named	lival disease or cond diation Dunium ( 200 autopsy? YES NO	20b. IF YES, W IN CERTIFYIN YES [	PERE FINDING CAUSES	Failure NGS USED
Mental-trans	9	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDIC 21a INJURY OCCUR	CAUSE OF DE	HOUR A.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR!				
h and	D .	ME	WHILE NOT W	HILE [		REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOWN	٧	COUNTY	STATE
far use a of Health	om si 17		220   certify that (I	ed plive or	1	uly 19	79.9	d that in (my) (our) opinion	death occurred on the do	/3, 19 te and hour o		that (I) (we) lost causes stated
detoched tate Dept.	=		12h SPOTVATURE	ues	U.S.	Is in h	len		MEDICAL STAF		13 J	uly 79
hould be del	N /		224 PHYSICIAN'S N			W D		7	25 HOSPITAL		NTD 010	161
shoul with	1		JAMES D	. RIL	ES, III,	M.D.		G.	LEN BURNIE,	MAKYLA	אם און	701

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the haspital

24. FUNERAL DIRECTOR
George J. Gonce 4001

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

ADDRESS Balto 21225 Ritchie Hgwy

23c NAME OF CEMETERY OR CREMATORY

New Cathedral

JUL 1 7 1979

Cem

23d LOCATION
CITY OR TOWN
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DIVISION OF VITAL RECORDS,

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L DECEASED NAME 7h HOUR TYPE OF PRINT JULY 15. 1:45 HOLMES 1979 LAURIE ANNIE 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH HOURS Female White 1910 March BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIE NEVER MARRIED COUNTRY) ANNE ARUNDEL COUNTY Maryland U.S. DIVORCED [ IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR ARUNDEL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Homemaker 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS pino 716 Hilltop Rd Md Orchard YES | Beh NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE puo Best Elizabeth Robert S. Heron ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Charles W. Holmes same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. plea OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 DIVISION OF VITAL RECORDS, CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON NO F Mentol Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (I)(I)ve) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated TO FUNERAL DIRECT should be detached f with the State Dept. o 22c. DATE SIGNED 226. SIGNATURE DEGREE + ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS DRIVE BENJAMIN A. DE GUZMAN, M.D. MARYLAND 21061 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Glen Haven Mem Pk Burnie A.A. Md. Glen BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 50M 7/77 ADDRESS

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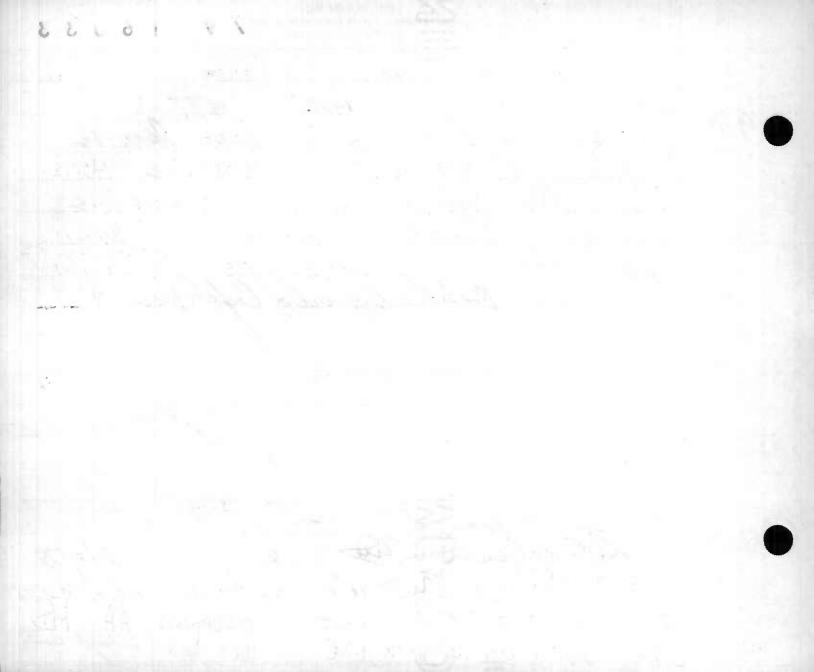
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quires that the death certificate E signed by the attending physicio hen please remove carbonpopers to burol, cremation, or removal njury, ar other traumotic event, the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE    b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF				MATE INTERVAL
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S PHYSICIAN: The law re intending physician.  In this certificate has been the buriol-transit permit and Menial Hygene prior and Menial Hygene prior ced or frem 18 shows any i	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f LOCATION				
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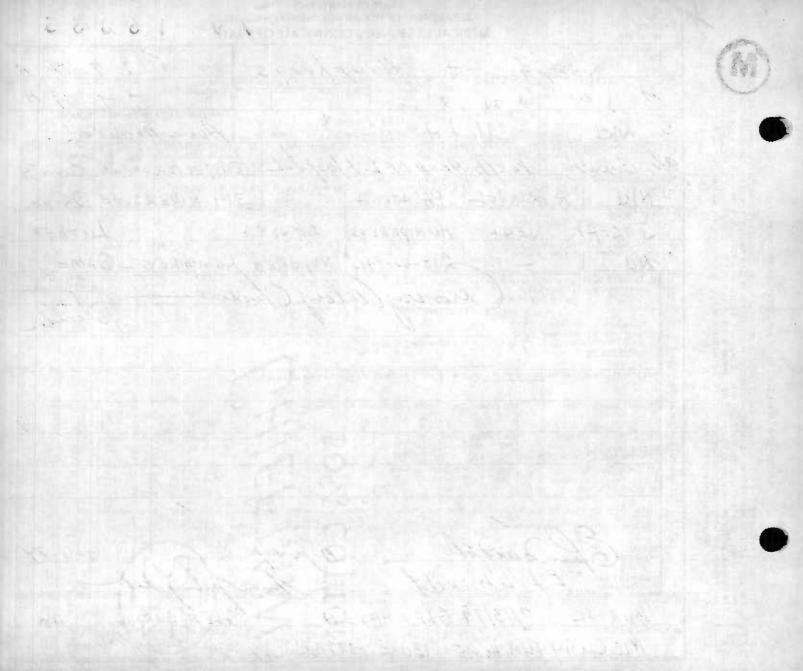
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF MEATIN REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) ESTI-OF 50 DEATH MATED 19/ 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED w 3 DEAD 76 CITIZEN OF WHAT 70 BIRTHPLACE (STATE OR COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTR WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

OR INDUSTRY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO [ OF-VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE NORI 7. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one couse APPROXIMATE INTERVAL AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENT ISED AS A BURIAL-TRANSI F HEALTH AND MENTAL H CREMATION, OR REMOV, Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E USED 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 26. AUTOPSY? BURIAL, DRWARDED TO THE CI PAGE 3 SHOULD BE I STATE DEPARTMENT C YES [ BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 0 UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK WHILE CITY OR TOWN COUNTY STATE AL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian ARYLAND, death resulted frame Suicide Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** PAGE 4 SHOU TO FUNERAL DAFTER DEATH, ٤ SIGNATURE IMORE, EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE. COUNTY BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77



			1	STATE REGISTRAR				DEPARTM		CATE OF DEA			REG. NO.	1 6	0	3 6 DS
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		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b),	ond (c). (		***************************************	44	APPROX	MATE INTERVAL ONSET AND DEAT
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21 15		sow the deceased alive	July 30 10	70	d that in Imy) (our) opinion	death occurred on the o	late and hour c		
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	230.	SPECIFY)				CITY OR TOWN		OUNTY	STATE
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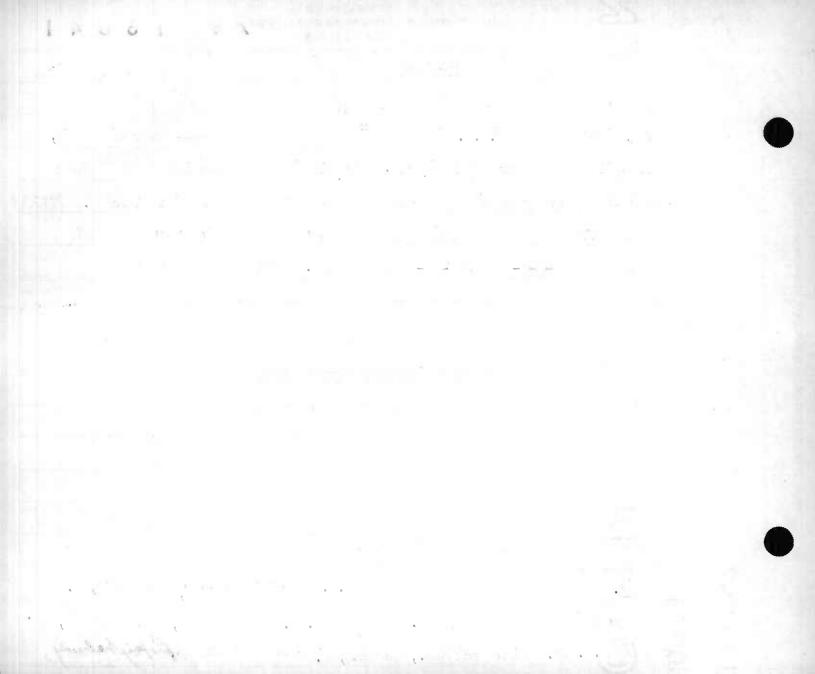
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		23a. E	URIAL, CREMATION, REMOVAL	36. DATE	23c. NAME OF C	METERY OR CREMATORY	23d. LOCATIO CITY OR TOWN	COUNTY	STATE
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	DHMH - 16 50M 7/77 (VR A 15 (4))		CYLME LANT T	ADDRE	55501 A	HOROGINU	[23 1979 ]	///	/

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DST REG. NO. MIDDLE LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) THELMA ISAAC July 26, 1979 7:30 PM VIRGINIA 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS April 25. HOURS BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED Anne Arundel County Maruland WIDOWED DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR North Arundel Hospital INDUSTRY Glen Burnie elephone Solicitor harity DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION en Burrie. Md. 13g. STATE 13d. INSIDE CITY LIMITS? Box 188 Franci Maruland YES [ NO Y frunder 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Maritin MIDDLE Maru MIDDLE Thornhill BurrAPPRESSTanulano 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) edi Box 188 Joseph APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 764 OTOPSY? NO DATE OF OPERATION 10b. IF YES, WERE FINDINGS USED THE CONDITION FOR WHICH OPERATION WAS PERFORMED ä IN CERTIFYING CAUSES OF DEATH? NO NO F YES [ the buriol-tronsit ond Mentol Hygie 71a ACCIDENT WAS UNDERLYING 21s TIME OF INJURY THE HOW INJURY OCCURRED LENGER NATURE OF INJURY IN ITEM 16, PART 1 OR PART 21. 8 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH tem MEDICAL HERITHER, NOTEY MEDICAL EXAMINER. 19 III LOCATION 0 71s. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN CIDUMTY STATE 17x1 certify DIRECTOR and that in (my) (our) opinion death occurred on the date and hour and from the causes stated should be detached with the State Dept. DEGREE ATTENDING. \* PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 325 Hospital Drive, #207 Glen Burnie, Maryland, 21061 JORGE B. RAMIREZ, 0 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Len Haven Park Mem. Burnie Anne Arunde BP. Patapaco Ayenue DHMH - 16 50M 7/77 Home of Brooklyn t uneral (VR A 15 (4))

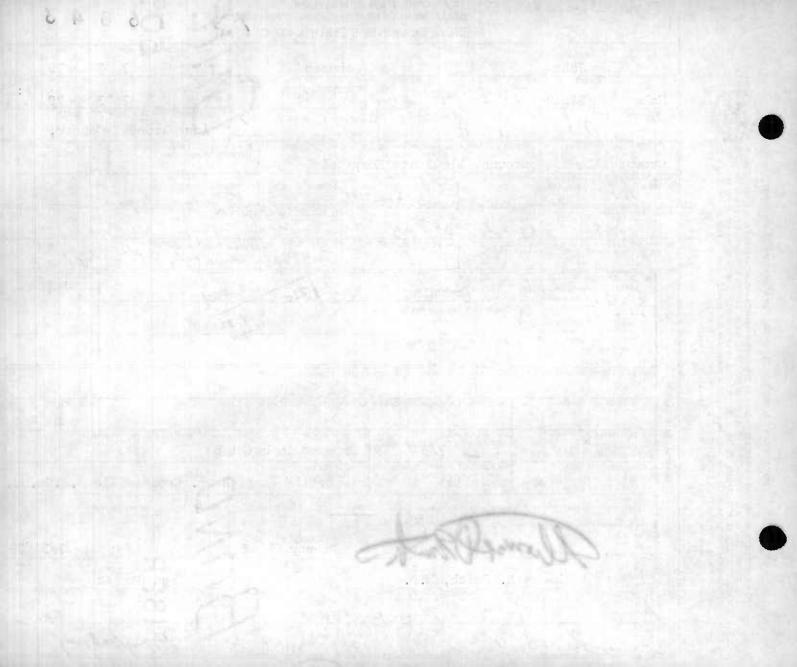
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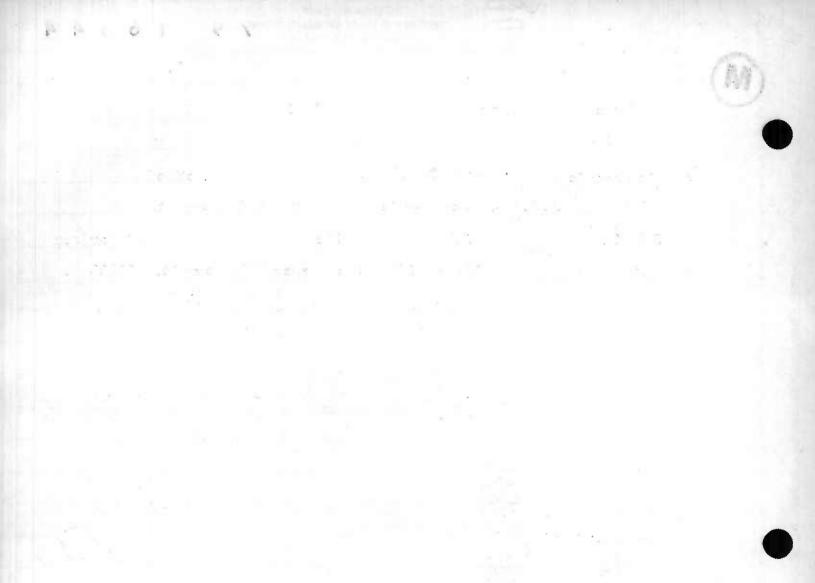
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	JSUA 3a. S1	ATE A 13b. C	OME OF OTHE	R INSTITUTION, GIVE	13c. CITY/OR TOW		13d. INSIDE CITY LIMITS	?   13e. STREET	ADDRESS	4.0		
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f		18 CAUSE OF DEATH (Ent	er anly ane								APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DE ATH
1	4		EDIATE CA	USE (a)	rowning	CF OF		100,000	A-1-1-11-			
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1		lying cause last.	- 1	DOL TO, OK A	13 A CONSEGUEN	CE OF					13.75	
ı	7	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO OFATH BI	UT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN	PART I (a).			1	
1	ATIO	19a. DATE OF OPERATION		19b. CONDITI	ION FOR WHICH O	PERATION W.	AS PERFORMED?				20. AUTOPS	/?
ı	IIFIC			83.43						7.4	YES 🔀	NO 🗆
	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE		21b. TIME OF HOUR A.M.		FAR .	w INJURY OCCUR			M 18 PART I OR P	PART 2)	
١	EDIC	21d. INJURY OCCURRED		21e. PLACE OF	FINJURY JATHOM	E. 21f. LOC		1111				
	W	WHILE NOT WHILE AT WORK		hospi	RY, FARM, ETC.)	trow	nsville S	State Ho	sp. Cr	ownsvil	lle A.A.	Co.Md.
- 1		22a. I certify that I taak	charge af th	he remains desc	ribed abave, held c	n Autaps	y X Inspec	tion .	Inquiry .	and in my c	apinion	
		death resulted fram:	Natural cau	uses	Accident X	Suicide	Hamicide	, Undeterm	ined manner	· .		
					N/		TITLE (SPECIFY)					01/70
		ACTUAL /	1,0	Wall	1 Arm An		Deputy C	hief		. DATE	7/	31/79
0		SIGNATURE /	lun	meff	Munda	2"	Deputy C			SIGN	NED	31//9
1		SIGNATURE /	nomas	D. Smit	h, M.D.	, D.	Deputy C		111 Pen	SIGN	NED	31//9





11	1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	6 U 4 5
page 3		CEASED NAME FIRST WILLI	AM Lawrence	JOHNSON	20. DATE OF DEATH MONTH	21 1979 4:10 F
ector. po	3. SE	Male	white	5. DATE OF BIRTH  MONTH  4 28 09	6 AGE (IN YEARS LAST BIRTHDAY) 70 YR	IF UNDER 1 YEAR IF UNDER 24 HRS IMONTHS DAYS HOURS MIN S.
or once.		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL	NTY OF DEATH
by the fulled with	10. CI	en Burnie	11 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDE)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126. KIND OF BUSINESS OF INDUSTRY Serv. Sta
filled in rould be t	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU			136. STREET ADDRESS 1065 Bell	Avenue
and 2 sh and 2 sh examine	14. FA	THER'S NAME William	T. Johnson	15. MOTHER'S MAIDEN NA FIRST Mary	E MIDDLE	Lambertson
Pages I	16a V	VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GD	None 166 SOCIAL SECU 166 SOCIAL SECU 215.05	.6982 Mrs. Fran	ces E. Johnso	n (wife) Same
by the attending physic ise remove carbanpapes, cremation, ar remaval. ather traumatic event, th		PART 1. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	Julius nery	gd ang	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cian.  le has been signed sit permit. Then plec giene prior to buriol shows any injury, or	CERTIFICATION	190 DATE OF OPERATION 7-20	196 CONDITION FOR WHICH Uncessive of	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED  LEVILLE  DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSÝ? 20b. IF YES NOT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
nding physinis certificate burial-transl	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	216 HOW INJURY OCCUR 19 211. LOCATION STREET	RED (ENTERNATURE OF INJURY IN ITEM	18, PART I OR PART 2)  COUNTY STATE
TOR: After if for use as the af Health one 21 is marked	¥		(AT HOME, STREET, FACTORY, OFFICE, F	7-16 19 7	Lito T-21 death occurred on the date and	
by the has ERAL DIREC se detached State Dept. ANT: If Hem		22b. SIGNATURE	burge		MEDICAL STAFF DIRECTOR PHYSICIAN	7-21-79
to FUNERAL should be defined by the should be defined by the State with the State important:			olentino, M.D.			Burnie, Md. 210
3P	23a. E	Burial Burial		NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	Glen Burnie	county STATE Md.
H - 16 50M7/77 VR A 15 (4))		ingleton Fun	neral Home, Gle	1111	L 2 4 1979	of y talany

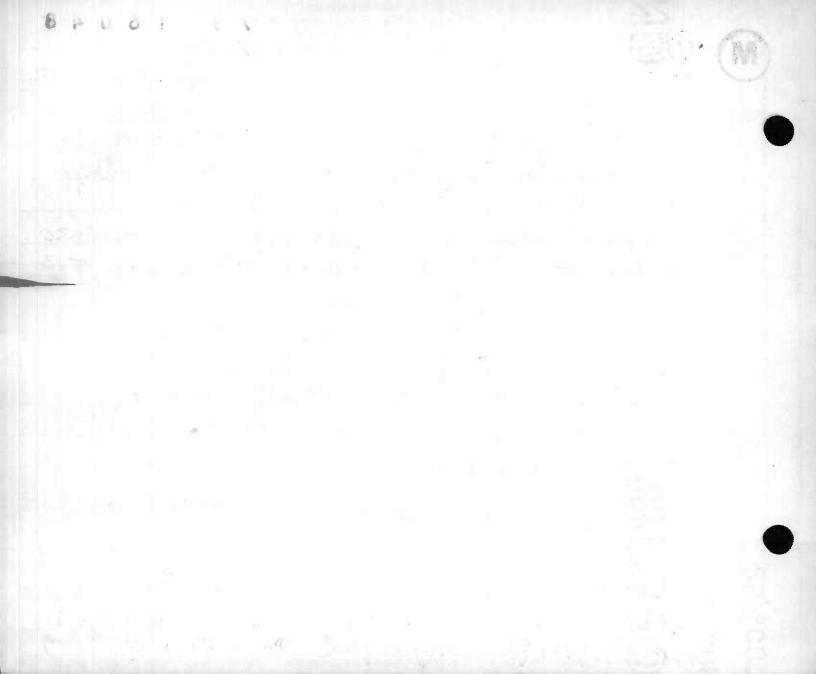
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6	1	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6046
	1. DI (TYF	ECEASE NAME FIRST	BAILEY	Jonnes	7-6-79	OAY YEAR 26, HOUR
ge 4 mo)	3 SE	1 Ahe	Negro 1	5. DATE OF BIRTH MONTH DAY 1900 3 - 28 - 4912	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol di in 72 for	10	SOUNTRY)	16 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUN	
by the fur filed within	10 0	UNA polis	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GITY) STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPS OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
24 hours illed in b ould be fi	USL	TAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) VN 13d. INSIDE CITY LIMITS? VES NO 1	130. STREET ADDRESS	shears st
completely for a complete comp	14. F	SOLOHAN	AIDDLE LAST	15. MOTHER'S MAIDEN NA.  ELIZABE		Jones
n and co		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 16b SOCIAL SEC WAR OR DATES) 124-03	URITY NO. 17 INFORMAT -0825 MRS NAUC	ADDRESS 11	106 Brasheas
es that the death certificate ted by the attending physici please remove corbonopper urial, cremotion, or removal. , or ather froumatic event, th		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	NOMA L3 LLN JENCE OF	LINAL DISEASE OF CONDITION O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  H H M M M
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ng physicion recrificate h rial-tronsit p entol Hygier frem 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YES NO PROPERTY IN ITEM 1	YES NO
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pitol or TTOR: Al for use of Healt		22a.   certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did nat	al) ottended the deceosed from,	1 7	death occurred on the date and h	, 19, that (I) (we) lost our and from the causes stated
AL DIRECTOR AND ALL DIRECTOR D		22b. SIGNATURE	N.R	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
etoined by TO FUNER should be with the Str		Robert 7	Brein	121 CAT	Ledrah Str	oet
BP	230.	BURIAL, CREMATION, REMOVAL DECIFY) XIRIAL	7/10/29 P	NAME OF CEMETERY OR CREMATORY	4. A. Co	COUNTY MARY MAKE
MH - 16 50M 7/77 (VR A 15 (4))	C.	UNERAL DIRECTOR  WARELES E. HI	CKOTT 192	2 Forest Dr JU	E REC'D. BY REGISTRAR 256. REC.	Fry Kebrerly

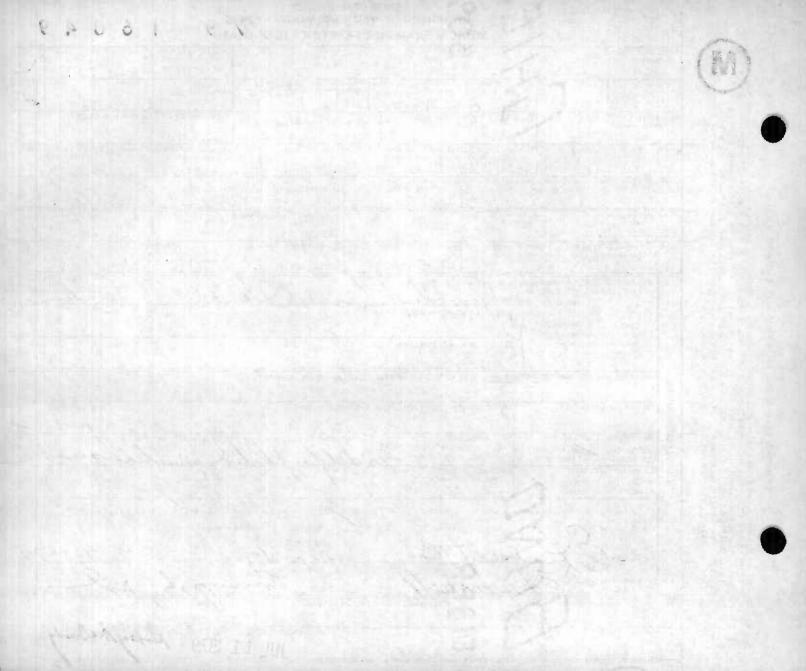
CARL BAILEY DONNES TESTE 2" MALLER TO REGION TO SELECT THE TELL TO Brocklyd Kay W. S. F. ... F. A. Co. Frighting Annagers 1106 Biresheares St. Fetinest Kings FIGURAL H. A. ANNES X 1106 BIRSheples St SOLEMAN SKRIES ELIGNETH - LENES No. 142. 14 Devely Johns Metionship Robert Breid - 121 Cothedral Street CHELDING THIP PINCE HAID COURT HE HE. CENTERS HEREINE CHANGES E. H. EKG TIETER 2. FERREST DA VELL VEREN VEREN VEREN

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3	13a. ST/	rginia		ME OR OTHER INS UNTY airfax	TITUTION, GIV	13c. CITY	OR TOWN		YES 🗌	NO X	87		ydesd	ale F	Road	221	.51
BALTIMORE, MD. 21201 RS AFTER DEATH. IF AN GIVE PAGES 1, 2, AND WITH FORM PM. 3. RET. WITH SORM PM. 3. RET. VISION OF WITH FECC	Pa	HER'S NAME	ones	MIDDLE			LAST	TV NO	F	berta		A	ADDRES	c		LAST	
3	(YES	O OR UNKNO	OWN) (IF YES, G	ONE WAR OR DAT	ES)	22	3 82 9			fe,		s	ame a			ed APPROXIMA	
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0	VECESSA UNERAL S FOR YO WITHIN	FO	RTHPLACE (S REIGN COUNTRY) Md		76. CITIZEN OF WE	HAT COUNTRY?	8. MARR WIDOV		ED AX C	ORE CITY OR COU	NTY OF DEATH	WE
	PELAY IS IN PAGE BE FILED, SS, 301 W	10. CITY OR TOWN OF DEATH Annapolis			1634 Hol	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (120. USUAL OCCUPATION (120. USUAL						USINESS TRY
21201	IF ANY DEL	13a, S	Md Md	AAC		VE RESIDENCE BEFORE 13c. CITY OR TO Annapol	WN	13d. INSIDE CITY LIMITS? YES NO 🔀		ss ly Beach	Farm Rd.	
PRESTON ST., BALTIMORE, MD. 3 VITHIN 24 HOURS AFTER DEATH. CIL IN ITEM 18. GIVE PAGES 1, 2, NER ALONG WITH FORM PM 3 ANSIT PERMIT. PAGES 1 AND 2. AL HYGIENE, DIVISION OF VITAL AOVAL.	Wi.	THER'S NAME Lliam N		middle cef	LAST	CUBITY NO	Annie  17. INFORMANT	EN NAME	Za ADDRESS	a <b>v</b> ada		
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DIVIS	THIS CERTING WRITING WARDED T PAGE 3 SH STATE DEPAI	MEG	WHILE AT WORK			TORY, FARM, EYC.)		CIAIL /	Highrow	/N	COUNTY	STATE
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	E THE CE I SHOULI SEAL DII SEATH, W ORE, MAR		ACTUAL SIGNATURE	GX.	mark	Ins	N	A.D. Depu y	MEDICAL EXAM	INER SIGI	E 7-7-	79.
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEATIMORE,	23a. B	EXAMINER'S (TYPE OR PRI JRIAL, CREMA PECIFY)		LIWAI 23b. DATE	9hON 23c NAME	OF CEMETERY C	ADDRESS OR CREMATORY	THE LOCKSON	ali p	DUNTY S	STATE
	BP DHMH - 17 (VR A15 ME (5))		Buria INERAL DIREC	TOR	7-8-79		th Isra	el 25a DATE	Annapoli 11 1979	25h. ACC ARS	fre Cred	1
	15M 7/76	Hai	rdesty	FH, 12 Ri	dgely Ave	Annapol	is,Md.2	1401   101	LTT 1313			



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR

STATE

(VR A 15 (4))

THEY 21, 1075 7: GLEN DUNNE \_ NORTH WRUNDEL HOSELTEL THE RESERVE CONTRACTOR THE RESERVE OF THE PARTY OF THE The Assessment of the Assessme sercost Isticson - Legisland m 1 FI CARD ALL TENED NA TRADERY STATE succell and all you wantly see. The ley Suchman, Va. James B. Marder, Clen America, No.

	70		STATE OF MARYLAND	
2	10	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 6 0 5	
	OLA MINIOR		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	material and a second	I. DE	CEASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH MONTH DAY YEAR 26 HOULD OR PRINT)	RO
	y be		OFORGE SKELLEY UP. 1-39-79 9	AM
	moy tree de	3. SE	A RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS HOLITE	24 HRS
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	h. Pa al dir 2 hou		RTHPLACE (STATE OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH	THE .
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RYL	nir 2	14. FA	MODE LAST // IS MOTHER'S MAIDEN NAME	
W	be die		GEORGE J. Kelly MINNIE MAE GLADGE	N
ORE,	e execu	16c. V	VAS DECEASE EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT APDRESS, 413	
IM			TED 1141-1161 SEG IS TISTIFIA RUCINAL RUTTEY	
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_	d by lease ial, cr		underlying couse lost (c)	
5, 20	gne bur ry,	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101	
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RECORDS	no. nos beer permit. I ne prior ws ony i	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	TH?
¥	The la	RTII	YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2)	
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N O	HYSICI, ading pairs certilibrated. I Mento or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION	
DIVISION		MEC	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	ATE
≥iq	ADING P ar after is. After the use as the eaith and		AL WORL	
	EN Se		22a.1 certify that (1) (this haspital) attended the deceased from 6/79, 19, to 7/31/79, 19, that (1) (m) saw the deceased alive an 7/30/79, 19, and that in (my) low-point death accurred on the date and hour and from the causes sto	
	2047		obove (1) (we) (did) ( <del>did not</del> ) view the body ofter depth.  DEGREE  22c, DATE SIGNED	neu -
	Y the hos RAI DIREC detoched tote Dept. VI: If Item		Stand / Work of ATTENDING MEDICAL STAFF 2/3//	29
	RAI de la		PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2226 ADDRESS	1/1
	IOSP IOSP Id b The		CELPINATIONS IN PALLES ON DE MANAGER	4
	retained by to FUNERAL should be det with the State		DHANGI WITH THE DEVAL ST. MOUNTAGES	10
		23a (	BURHAL CREMATION, REMOVAL 236. DATE 234 JAME OF CEMPTERY OR CREMATORY 23d, LOCATION CONTROL STA	1/1
	BP	24 EI	DUPTH 8/2/7 V7P/NG/ON N/1/ON/1 V7P/NG/ON TYP/NG/ON UNIEDALDIRECTOR 250. DATE BEC'D. BY REGISTRAR 250.	1111
	OHMH - 16 50M 7/77 (VR A 15 (4))	4	UNERALDIRECTOR  ADDRESS ADDRES	1
		LV	UIIN / 1 / 17 YIUT Y SUNS TANNAPOLLS, 141	

6001 67-18-7 SECRETE ... A 46 Ja 44 24 14 1 (2) 

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James S. Kirkley, Glen Burnie, Md.

- STATE

REGISTRAR .

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

IF UNDER 24 HRS

NO I

STATE

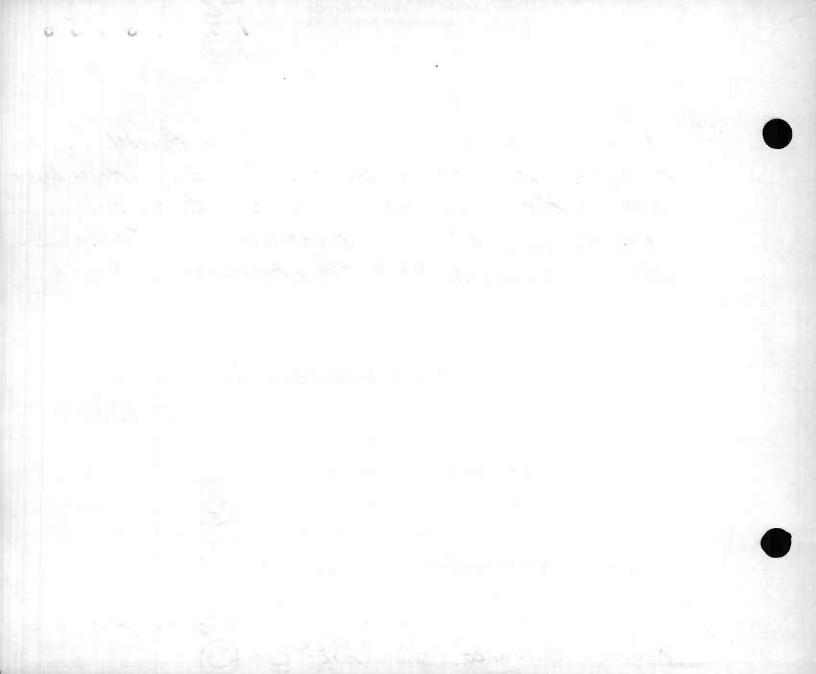
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SINGLETON FUNERAL HOME GLEN BURNIE

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15M 7/76

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FOR



La			STATE OF MARYLAND
A Comment		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
<b>\</b>		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9
		CEASED NAME FIRST	MIDDLE 1 LAST / 20. DATE KNOWN DAY YEAR 20, HOUR
1 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HENRY	JOSEPH LEYLAND DEATH MATED 7 231979 PM
PLE A	3. SEX	4 RACE DA	ATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24. HOUR
CCESSARY PLEA NERAL DIRECTOR FOR YOUR FILE WITHIN 72-HOU PRESTON STREE		MULL	12 13 26 52 yrs. MONTHS DAYS HOURS MIN, PRONOUNCED DEAD 7 23 1979 PM
SSAL RAL HIN HIN	7a BI	RTHPLACE (STATE OR 7b. CI	CITIZEN OF WHAT COUNTRY?
90.00	K	HODE ISL.	USA WIDOWED DIVORCED ANNE APUDE MD.
오무분드	111	TY OR TOWN OF DEATH	NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12st USUAL OCCUPATION AND OF WIND OF BUSINESS OF INDUSTRY
DELAY N PAG N PAG N PAG	3h	EW DURVIE N	DOETH HELINDEL HOSPT. DERVICE STATION OWNER
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F AND SHOUL	1775	MD. I HE	H PASADEN A VES NO X 7728 HADINE NEACH AD
D. 2 H. III	14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME
E, MD. DEATH SES 1, M PM AND 2 NEVITA		FOST T	LEVIAND SORAH MOON TRAINING
ORE PAGE 1 A 1 OF	16a. V	VAS DECEASED EVER IN U.S. ARMED FO	FORCES? IN SOCIAL SECURITY NO. 17, NOFORMANT ADDRESS
BALTIMOR RS AFTER ( GIVE PAGE VITH FORM PAGES 1, PAGES 1,	(11	ES, NO, OR UNKNOWN) (IF YES GIVE WAR OR	24 188-11-167 House Majer LEVININ #13
BALTIN RS AFT GIVE WITH F PAGES		100	The second of the principle of the princ
ST., 18 HOU A 18. VG V MMT.	1	18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ON SET 1/10 DEATH
ON 224 P	-	11 99 IMMEDIATE CAU	
PRESTO VITHIN 2 CIL IN IT NER ALI ANSIT PI AOVAL.	1	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF
WITHIN WITHIN JOIN IN A SANSI TAL HYC		gave rise to immediate	(b)
ED V PEN V (AMI)		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF
EXECUTED VG" IN PERIOR EXAM A BURIAL-1 AND MERION, OR RICON, OR RI			(c)
₩ WZSKTE	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	IBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).
RECOR	CERTIFICATION		
SHOULD ORD "PER CHIEF A CHIEF	CA	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?
VITAL VITAL	TIFE		YES NO
N OF VI		210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON O	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
DIVISION S CERTIFIC STITING TH RDED TO FE 3 SHOUL FE DEPART PRIOR TO	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION
DIN WRIT WARD WARD PAGE: TATE [	Σ	WHILE ONOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE (		( // )	pe remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
CERTIFIC CERTIFIC BE ULD BE DIRECT BE WITH TANKER THE T		death resulted from:	Ses " Accident , Suicide , Homicide ! Undetermined manner ,
EX. WILD OLD OLD WILD WILD WILD WILD WILD WILD WILD WI		ACTUAL	TITLE (SPECIFY) DATE 7/22/29
RATH RATH		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED 123/
MEDICAL CUTE THE SE 4 SHC FUNERAL ER DEATH TIMORE, A	504	EXAMINER'S NAME	1. h 2001 A
TO MEDICAL E EXECUTE THE C EXECUTE THE C TO FUNER SHOU AFTER DEATH, BALTIMORE, MA		(TYPE OR PRINT)	ADDRESS MAY NOT THE MAY NOT TH
E 0 7 F 6 9	23a.Bl	JRIAL, CREMATION, REMOVAL THE DA	COUNTY STEEL
BP	2	JURIAL MA	2/19 PEHDOWEIDGE FUKARME TOWARD PID,
DHMH - 17	1 FL	INERAL DIRECTOR	250. DATE RECO. AV REGISTRAL 256. REGISTRAL 5 SIGNATURE
(VR A15 ME (5)) 15M 7/77	10	m 11. Jy16	Dis como de lina

ME CONTRACT 

6	1	FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6060	
		ECEASED NAME FIRST WALTE	TR A.	XXXX	Lottman	10 JULY 1979	DAY YEAR 26 HOUR O201A	
moon moon	3. S	EX 4	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
oge 4 m irector,	L	MALE	CAU		RIL 3, 1925	54 YR		
deoth. P	4	MISSOURI	CITIZEN OF WHAT COUNTRY  USA	MARRIE	D MEVER MARRIED D	9. BALTIMORE CITY OR COUL ANNE ARUNDEL		
by the fu	10	Jessups	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE KIMBROUGH AF		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN TRUCKDRIVER	12b. KIND OF BUSINESS OR INDUSTRY		
ly filled in should be ter must be	US 13a	JAL RESIDENCE (IF NURSING HOME OR O'STATE M36 COUNT'	THER INSTITUTION, GIVE RESIDENCE BEFO Y 13c. CITY OR TO AFTON	re admission) VN	13d. INSIDE CITY LIMITS? YES \( \text{NO } \text{X}		LOUIS, MISSOURI	
completely 1 and 2 sh	14.1	ATHER'S NAME FIRST MIE	Lottman		15. MOTHER'S MAIDEN NAM GRACE	MIDDLE	LAST	
n ond co	160	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE W YES 1940-	/AR OR DATES)		MARGARET LO			
ertificate I ng physicia bon popers removal.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ONAR	y Emboli	ıs	BETWEEN ONSET AND DEATH  2/12/15 MIN	
e deoth ce offendin nove carb nation, ar i traumotic		Conditions, if ony, which gove rise to immediate	DIA DIA DE	HES	MEllitus		12445	
s that the ed by the olease rer rial, crem or other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c) MORbi	D	ObEstity			
equire n sign Then r to bu injury,	NO	PART 2. OTHER SIGNIFIC ANT CO	enditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1(a)	
The low ricion. The hos bee nost permit. Giene prio shows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO		
PHYSICIAN: T ending physici this certificate buriol-trans and Mental Hygi d or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [ P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
S = = = = = = = = = = = = = = = = = = =	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
TTENDIN ortol or TOR: Aft for use of of Health		22a. I certify that (X (this hospitols saw the deceased alive an	19_			to 10 July	hour and from the couses stated	
R ATTEN hospitol RECTOR red for upt. of H		abave, <b>X</b> (we) (did) (d <b>X</b> n <b>3</b> C	view the body after death.		DEGREE		22c, DATE SIGNED	
OSPITAL OI of by the UNERAL DI d be detoch he Stote De RTANT: If It	1	7 221. PHYSICIAN'S NAME (TYPE OR PI	Williams	M		MEDICAL STAFF DIRECTOR PHYSICIAN	71000	
TO HOSPITAL retained by the TO FUNERAL should be defined with the State MPPORTANT: I		FREDDY J.	Williams, M	0		<b>o</b> ugh Army Hosp Meade, Marylan		
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
BP	74	Burial FUNERAL DIRECTOR	July 13, 1979		nal Cemetery	St. Louis,	Missouri	
DHMH - 16 50M 7/77 (VR A 15 (4))		uck Towson Funera			ork Road	REC'D, BY REGISTRAR 25b. REG	infrag Metricoly	

Angell July 12, 215 reasons & reasons St. Lapes, and Alexander Service And a solution with the party sacra error Luch Louis Emeral Cour, Tue. Young, No. 27 100 FOR

- STATE

BP

(VRA 15(4))

9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPEOF WORK FOR MOST OF WORKING LIFE) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARdio VASCELAY disers 2 YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) apinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN BY REGISTRARIUM REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77

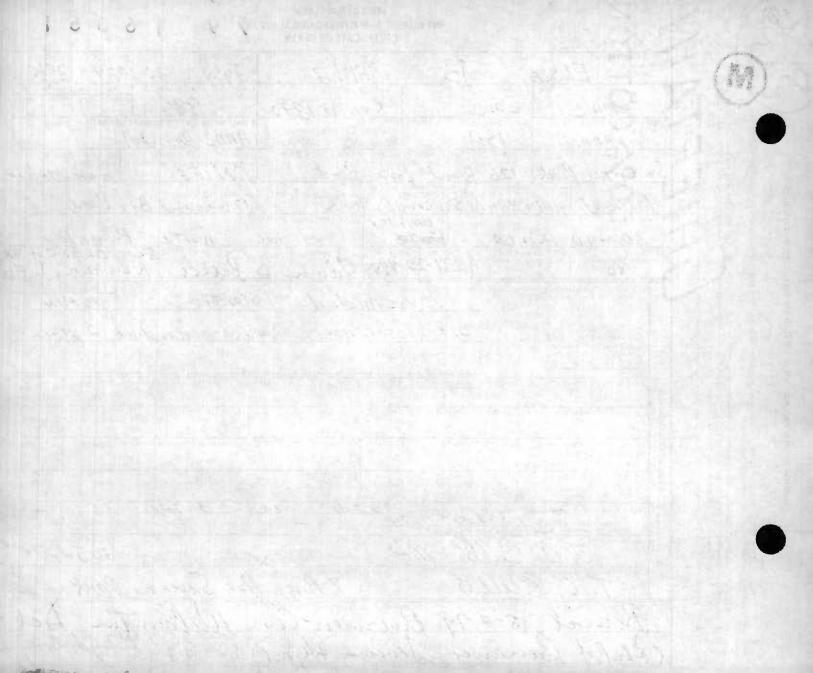
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

DAY

IF UNDER I YEAR DAYS 2b. HOUR

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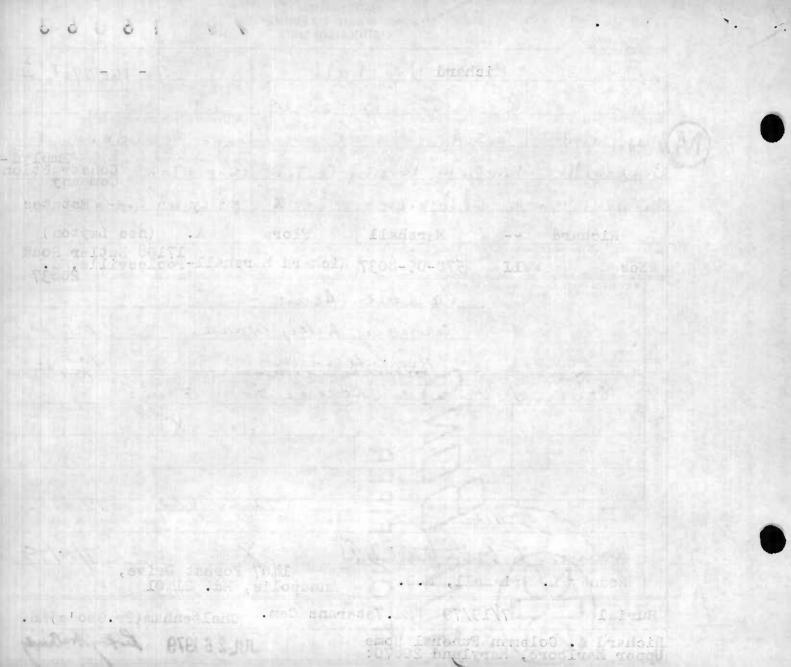
-	1-	FOR STATE REGISTRAR			DEPARTN	AENT OF H	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENY 9	1 6	0 6	2		
		CEASED NAME OR PRINT)	FIRST	4 RACE	///•	A DATE O	arshall	20. DATE OF DEATH	MONTH DA	Y YEAR 1 79 FUNDER I YEAR	26 HOUR 7:45 Q.A	<u>^</u>	
1		Femal RTHPLACE (STATE OR FO	e) OREIGN	Whi 76 CITIZEN OF	te WHAT COUNTRY?	Sepa 8 MARRIE	t. 1, 1917 1917 1917 1917 1917 1917 1917 1	61 9. BALTIMORE CITY	YRS.	OF DEATH	HOURS MIN	_	
5		Manyland TY OR FOWN OF DEA Annapolis			H FACILITY, GIVE STREET	WIDOWED   DIVORCED   Anne Arundel ( SING HOME OR OTHER INSTITUTION   120, USUAL OCCUPATION   HET ADDRESS)   Leanen   Leanen					126. KIND OF BUSINESS OR		
5	13a S	AL RESIDENCE (IF NURSITATE	SING HOME OF	Arundel	GIVE RESIDENCE BEFORE	AGMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS	Pasade Brook		. 21122	_	
1	14. FA	THER'S NAME Crarles	R	Sipore	Miller		15. MOTHER'S MAIDEN NA Delia	MIDDLE	1	Du	iffy		
		VAS DECEASED EVER		MED FORCES? WAR OR GATES)	213-03-8		Mr. Eugene R.	Marshall,	I (IA(I	dena,	Md. 2112 0-Brook	2	
		18 CAUSE OF DEAT PART I. DEATH W Canditions, if any gove rise to im- couse (o. statir underlying couse PART 2 OTHER SIGN	AS CAUSE IMMEDIAT , which mediate ng the last	DUE TO, O  DUE TO, O  DUE TO, O  (b)	R AS A CONSEQUE	NCE OF	Breart NOT RELATED TO THE TERM	NNAL DISEASE OR CO	NDITION GIVE	BETWEEN	MATE INTERVAL  ONSET AND DEATH		
	ATION	19n DATE OF OPERA					ON WAS PERFORMED	29a AUTOPSY?		WERE FINDIN		_	

n and campletely filled in by the fune Pages I and 2 should be filed within medico TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detoched for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur IN CERTIFYING CAUSES OF DEATH? CERTIFIC YES [ NOT YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION ā 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from MPORTANT: If hem 21 is sow the deceased alive on /71/71 obove, (I) (Jet land) (and now view the body after death and that in (my) foot) apinian death accurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 231. NAME OF CEMETERY OR CREMATORY STATE eadowridge Men. Park Dorsell Maryland D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

BP. DHMH-16 50M 7/77 (VR A 15 (4))

10162 Felil in Morelal 1 2179 EVEN Females Witte States, Mr. and the second state and the second s Santal College of the second s and the second of the second o

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HQUR (TYPE OR PRINT) Richard 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR YEAR 5-09 Male aucasian TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Manuland WIDOWED DIVORCED T CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OF -(TYPE OF WORK FOR MOST OF WORKING LIFE) Construction nowusul CarpenTer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130. STATE 136 COUNTY 1313. CITY OR TOWN Company 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Manyland NO X 55 Creek Estates Anne Avonde Lothian LV0 15 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Flora (nee Layton) Marshall Richard A. Richard Marshall-Poolesville 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-09-8037 WWII Yes APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cererilei Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) aftended the deceased fram\_ , and that in (my) (arrapinian death accurred on the date and have and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME () PPE OR PRINT) Forest Drive. ADDRESS Rodney L. Brimhall. M.D. Annapolis, Md. 21401 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 7/19/79 Burial Md. Veterans Cem. Cheltenham (Pr. Geo's) Md. TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES Richard A. Coleman Fundred Home DHMH - 16 60M 1/75 (VRA 15 (4)) Upper Marlboro, Maryland 20870:



X		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 6 4 EST
	TYPE	OR PRINT)  JOSEPH	STEPHEN	MATTHEWS	JULY 16, 19	79 YEAR 26 HOUR 4:57F
	3 SE	Male	1. RACE Caucasian	5 DATE OF BIRTH  MONTH  March 26, 1962	6. AGE (INYEARS LAST BIRTHDAY)  17 YRS.	IF UNDER 1 YEAR IF UNDER 24 H
35		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL	
hotified	G	LEN BURNIE	NORTH ARUN	DEL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  **TURNET**  120 USUAL OCCUPATION (TYPE OF WORKING LIE  **TURNET**  **TURNET**	126. KIND OF BUSINESS INDUSTRY
ar wast be	13a S	Md. Anne	Arundel Pasader	YES NO	130 STREET ADDRESS 2063 Forest Gle	en Drive
L'expuine		Jeremiah	Matthew		" MIDDLE %	Hadaway
medico		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC E WAR OR OATES) 216–88–1		thews same as	13
irial, cremotion, or rei , or other troumatic ev		Conditions, if any, which gave rise to immediate couse (a), storing the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS A	JENCE OF	eban	
or to bu	ATION	PART 2. OTHER SIGNIFICANT (  CONCUS  196 DATE OF OPERATION	ie Pacemohe	DEATH BUT NOT RELATED TO THE TERM		'EN IN PART 1(a
shows on	CERTIFICATION				YES . NO YE	YING CAUSES OF DEATH?
entol Hygi	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH [ P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
th ond M	MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
tate Dept. of Healt NT: If Item 21 is mo		saw the deceased alive on	tal) attended the deceased from 6-12 19-	<b>&gt; 9</b> , and that in (my) (❤️) opinion of DEGREE		19-79 that (I) (we) is and from the causes stated  22c. DATE SIGNED  7/18/7
with the Stat	N	DR M. ROLAN		22e. ADDRESS	KINS HOSPITAL	
<u> </u>	23a. E	BURIAL, CREMATION, REMOVAL SPECIAL Burial		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Balto.	COUNTY Md.
7/77		UNERAL DIRECTOR	ADDRESS & Tich N	21122 250. DAT	E REC'D. BY REGISTRAR 256. RESEL	May Helredy

JOSEPH STEPHS KATTHERS JULY 15, 157

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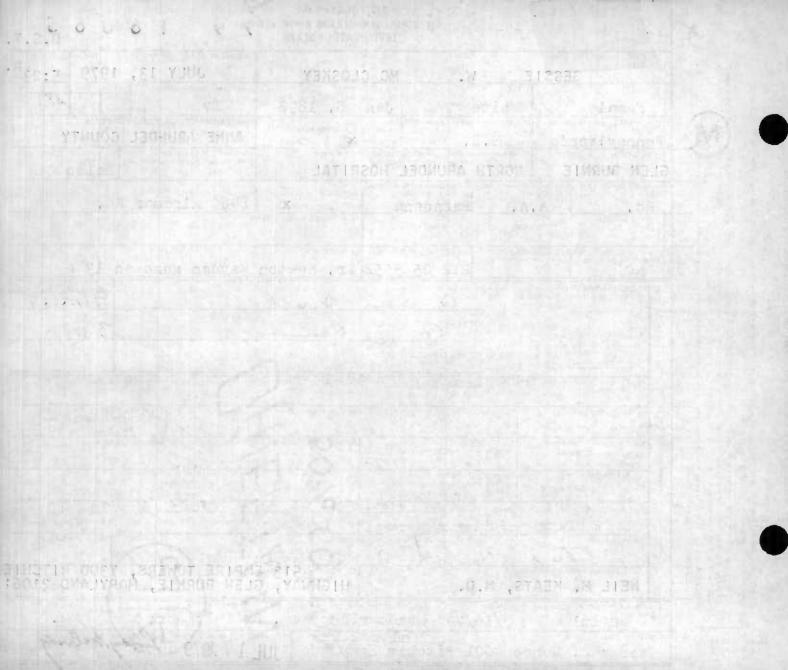
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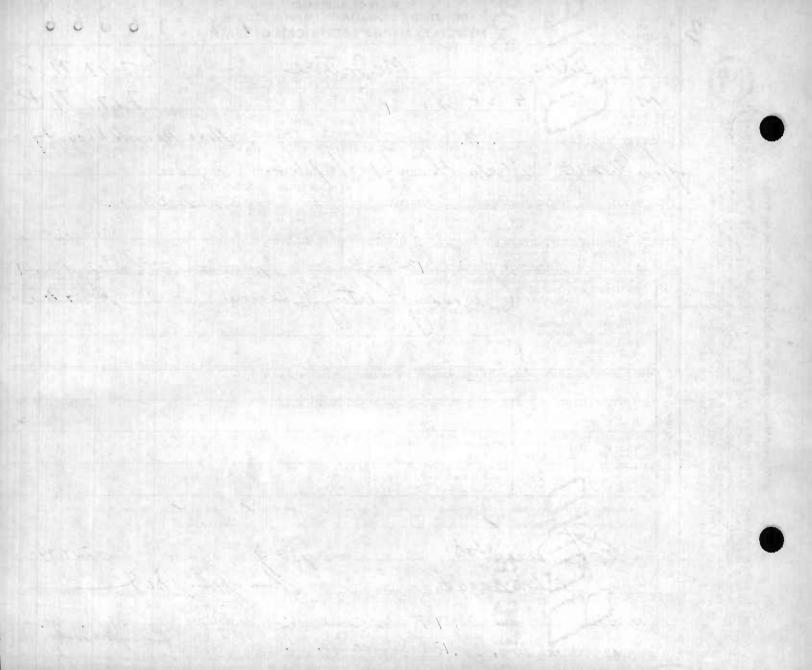
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OF M. BOLAND JOHNS MORKINS HOSPITAL

5	1.	STATE FIN	G534	8-7-79	as DEPA	CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	GIENE C	REG. NO	1 6	0 (	D.S.T.
m F		CEASED NAME	FIRST		WIDDLE		AST	20. DATE	OF DEATH	4 11/2	DAY YEAR	26 HOUR
y be			BESSIE		W.		LOSKEY			13,	1979	
e 4 may be tar, page 3 after death	3. SE	x Female		White		5. DATE O			YEARS LAST BIRT		MONTHS DAY	
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and 2 sho		ATHER'S NAME		IDDLE	LAST	01101	15. MOTHER'S MAIDEN N	AME	WIDDLE	3		LAST
col col		WAS DECEASED E			16b SOCIALS	ECURITY NO.	17 INFORMANT		ADDRE	SS		
Page	10.0	YES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES}	212 0	5 5552	Mr. Newton	n Havo	den sa	ame a	as 13	е
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ansit Aygir 8 sho	E.	21a. ACCIDENT WAS			OF INJURY		21c. HOW INJURY OCCU					
certificate has rial-transit pe ental Hygiene Item 18 shaws		OR CONTRIBUTING			.m. MONTH	DAY YEAR	Fatient fe	all at	N.H.			
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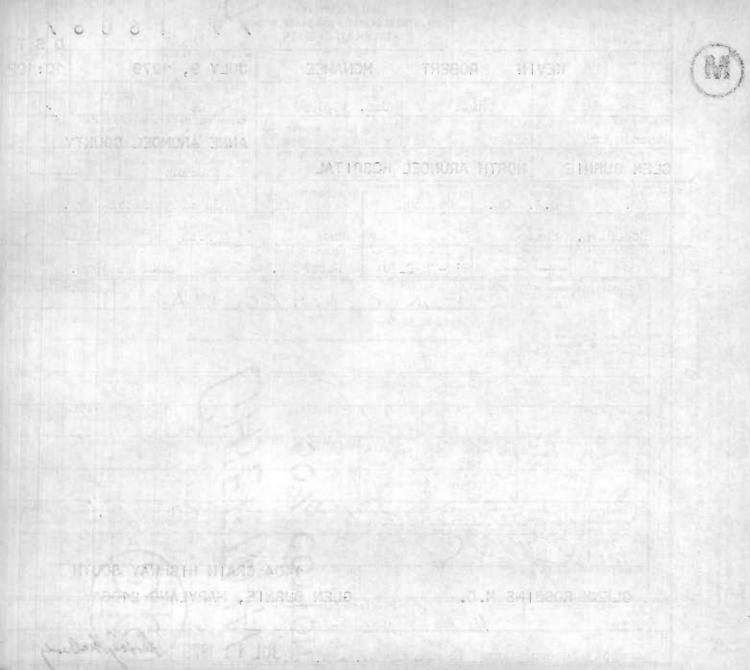
Items 19a. 21a. - 21f. & 23TATE OF MARYLAND





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4		FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		0 6	DST
)	1. DE	ECEASED NAME FIRST KEV	IN ROBERT		CNAMEE	JULY 9,	1979	YE AR 2	10:10
/	3. SE	male	4. RACE white	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		HOURS MIN
P.Z. once.	Ath	IRTHPLACE (STATE OR FOREIGN COUNTRY) THE OR SOUND OF DEATH OR BURNIE	76 CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN  NORTH ARUNDEL	MARRIE WIDOWE	OR OTHER INSTITUTION	9. BALTIMORE CITY C  ANNE ARU  12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C  STUDEN	INDFL CO	OUNTY	ME BUSINESS OR
Cominer must be	13a. S	Md. A.A	. Co. Odento	VN .	134 INSIDE CITY LIMITS? YES NOX	13e. STREET ADDRESS 533 Kin	g Malcol	m Ave	
medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIVE	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 214-72-2		17. INFORMANT Robert L.	ADDRI		13 e.	
injury, or other troumotic event, the medico	N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOUI  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN II	N PART 1(0)	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING	S USED OF DEATH?
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	AY YEAR	21c. HOW INJURY OCCUR				
n 21 is morked	W	sow the deceased alimental above, (I) (we) (did 1010 ab	(AT HOME, STREET, FACTORY, OFFICE, ital) ottended the deceased from	77/	STREET  7  7  7  7  7  7  7  7  7  7  7  7  7	, to death occurred on the d	19, 19	d from the co	
MPORTANT: If Item 21 is marked or Item 18 shows any		22d. PHYSICIAN'S NAME (TYPE O			220. ADDRESS 1404		FF	OUTH	GNED
¥	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			EMETERY OF CREMATORY  ngton Nationa	23d. LOCATION CITY OR TOWN	coun	oq viy	STATE
7		UNERAL DIRECTOR Hardesty Funera	ADDRESS		250. DA1	E REC'D. BY REGISTRAR L 11 1979	Sh. RE STRAK	SIGNATU	RE



	DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mon	After this certificate has been signed by the ottending physician and completely filled in by the funeral director, legically and a single personal property of the control
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN: The Lar attending physicion.	After this certificate has been signed by the ottending physic e as the burial-transit permit. Then please remove carbon paper is an American for the code and American cried to burial comments.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2ª DATE OF DEATH MONTH DAY YEAR 21-HOUR (TYPE OR PRINT) -UGENE EDWARD 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MPS OAYS 7g. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) WIDOWED W DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE //F NURSING HOME OR OTHER INSTITUTION 130. STATE NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 17. INFORMANT In WAS DECEASED EVER NU.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY N (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN COMPET AND DEATH II CAUSE OF DEATH (Enter only one course per line for (a), (b), and it: PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE III Conditions, if any, which gave rise to immediate couse in stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 **FIFICATION** 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (H (this haspital) attended the deceased from: sow the deceased alive an and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (and not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN [ 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e. ADDRESS 33e BURIAL CREMATION, REMOVAL Zih DAF NAME OF CEMETERY OR CREMATORY 23LLOCATION STATE COUNTY BY REGISTRAR 756 REGISTRAR'S SIGNATURE

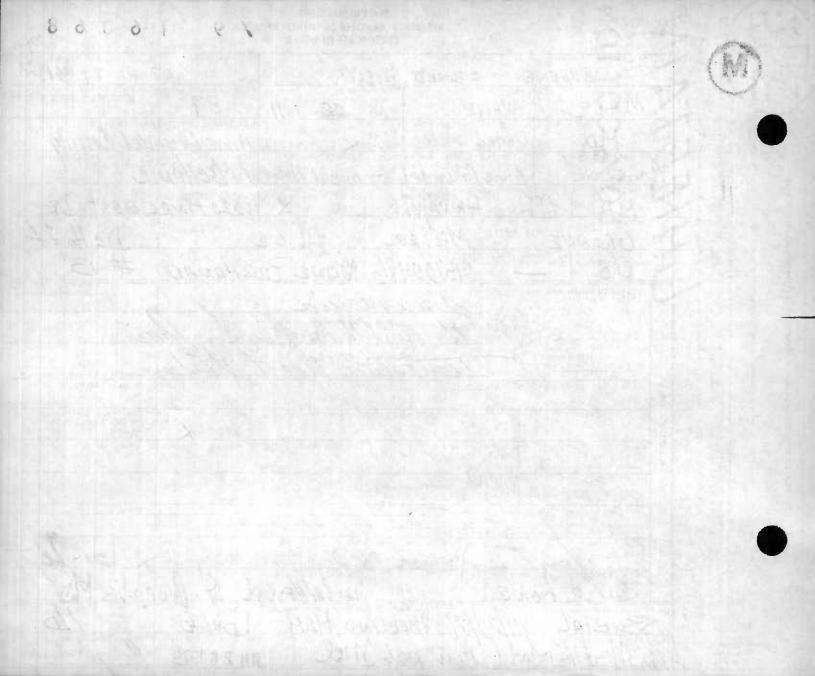
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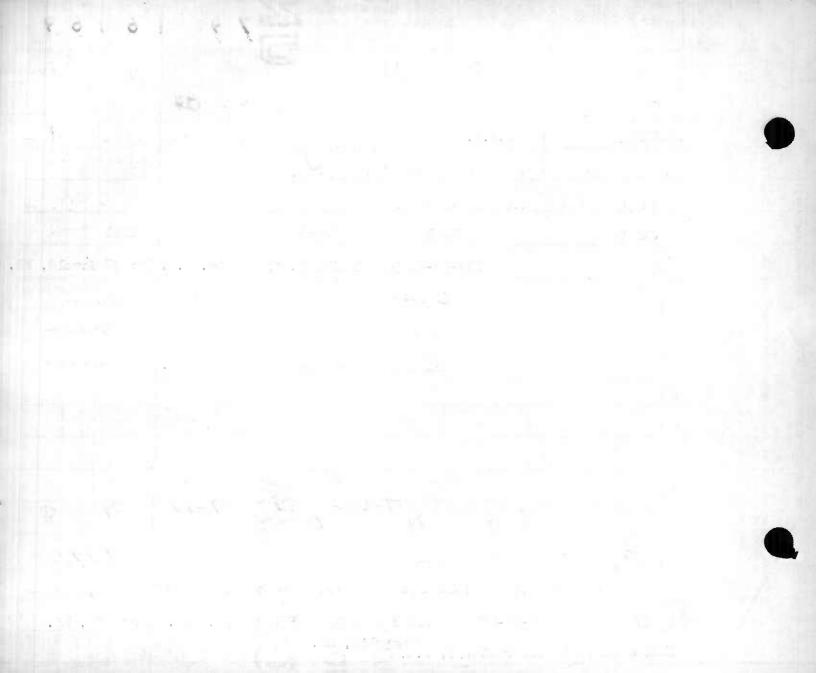
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 0. DATE KNOWN 7b. HOUR (TYPE OR PRINT) William DEATH MATED SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 53 Male White DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Vest Virginia U.S.A. WIDOWED -DIVORCED NNE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST, OF WORKING LIFE) Turbine Operato Gas 13b COUNTY 134 INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS Anne ArundelGlen Burnie Maryland 11046 Dumbarton Road YES [ NO K CAGES 1 AND 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown Robert W. Miller. Sr. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 511 Cleveland (Son) (YES, NO, OR LINKNOWN) I (IF YES, GIVE WAR OR DATES) Robert W. Miller, III Rd. Linth., Md 377/20/6345 Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO. OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO P 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COLINITY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion deoth resulted from: Notural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, BALTIMORE, MA ACTUAL 7.4.1 SIGNATU MEDICAL EXAMINER SIGNED. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE LOCATION 23r. NAME OF CEMETERY OR CREMATORY STATE COUNTY Buria BP. . 1979 Glen Haven Cem Glen Burni 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 7/77

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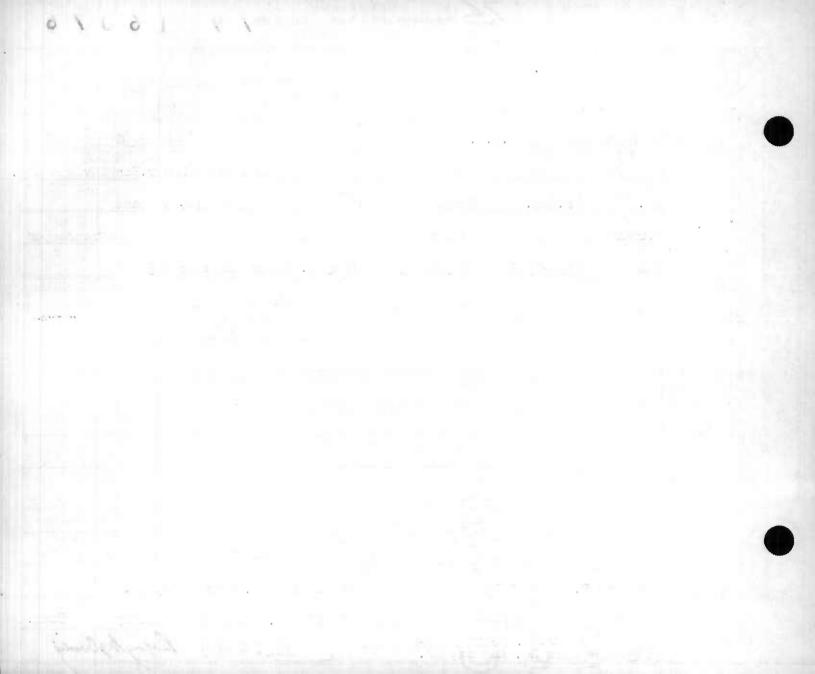
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'\		- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.S.	Τ.
(88)		DECEASED NAME FIRST YPE OR PRINT)	WIDDLE		AST TO STATE OF THE STATE OF TH	2ª DATE OF DEATH	MONTH DAY YEAR 26. HOUR	Δ
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	3	SEX Fomelo	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS A	HR5
age age	Ļ	Female	_Cauc.		25 1895	83	YRS.	
leoth. P	7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	_	NDEL COUNTY	MD.
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IMORE, or execut or and company. Pages 1	1 16	WAS DECEASED EVER IN U.S. AI	(E ) WAR OR OATES)	10- 6835	17 INFORMANT Gregory	M. Sai	me as 13e	
tDS, 201 W. PRESTON ST equires that the death certi- is signed by the attending p Then please remove carbon to burial, cremation, or ren njury, or other troumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON  DUE TO, OR AS A CON  CONDITIONS CONTRIBUTIN	SPOUENCE OF	ension	MON hage	DITION GIVEN IN PART 1(0)	
low relow records to be records to be prior to be prio	NOTING THE PARTY OF THE PARTY O	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	?
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TTENDI or pital or TOR: A for use of Heal		22a.1 certify that (I) (this hosp saw the deceased alive or above, ()) (we) (did) (did n	317011	,	d that in (my) (aur) apinion	death accurred on the da	19 , that (1) (we ste and hour and from the causes state	,
7 = 7 5 2 =		226. SIGNATURE	Mel	wfr		MEDICAL STAF		5
TO HOSPITAL TO FUNERAL should be det with the Store		BASANT K. K	HANDELWAL,			MORE-ANNAP	OLIS BOULEVARD ND 21061	
7 s t s s Z	23	a. Burial, cremation, remova (SPECIFY) Burial	L 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
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DHMH - 16 50M 7/77 (VR A 15 (4))	24	FUNERAL DIRECTOR  T. A. Hardesty 1	2 Ridgley Ave	· Annapo	21401 lis Md.	AUG 0 1 197	25b. REGISTAR'S SIGNATURE	4

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1. SEX   SEMBLE   S. DATE OF BIRTH   White   S		ECEASED NAME		WIDDIE		20. DATE KNOWN OF ESTI- DEATH MATED	NO.    MONTH DAY YEAR     Ph HO
MARRIED   NEVER MARRIED   NE	fe	emale v	white 2	29 1948 31	HDAY) MONTHS DAYS HOURS	PRONOUNCED DEAD	7 19 19 79 F
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136 COUNTY   136		Annapolis	23 11	ot in such facility, give street address ne Arundel Gene	ral Hospital	MOST OF WORKING LIFE)	A P DR NDUSTRY
Test   Mode	13a. S	Md.		13c. CITY OR TOWN	∠ 15 YES NO	680 AMERIC	ANA DR.
Reference   Part   Other Significant Conditions   Condi		JOHN	B	moore.	JR. HILDA	WIDDLE	MOSE E
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o). Acute amitriptyline intoxication  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse per me for (b).  DUE TO, OR AS A CONSEQUENCE OF  (b).  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS ON TREATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (p).  198. DATE OF OPERATION  198. CACUAL  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS ON TREATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (p).  20 AL  YEA  210. EXTERNAL CAUSE WAS  UNDERRYING OR OR  HOW AM. MONTH DAY, YEAR  P.M. 19 19 9 Self-ingested  214. INJURY OCCURRED  WHILE  NOT WHILE OR INJURY (AT HOME.  SIREEL, EACTORY FARM, ETC.)  216. PLACE OF INJURY (AT HOME.  SIREEL, EACTORY FARM, ETC.)  226. I certify that I took charge of the remains described above, held on Authors.  ACTUAL  SIGNATURE  EXAMINER'S NAME Margarita A. Korell, M.D.  ADDRESS  111 Penn Street  CACHUAL  EXAMINER'S NAME Margarita A. Korell, M.D.  ADDRESS  111 Penn Street		YES, NO, OR UNKNOWN)		TES)			>>
UNDERLYING CAUSE OF DEATH  P.M. 7/19/19/9 self-ingested  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  22d. I certify that I took charge of the remains described above, held on death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner .  ACTUAL SIGNATURE . Margarita A. Korell, M.D. ADDRESS . 111 Penn Street  EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS . 111 Penn Street	NO	gove rise to couse (a) statin lying couse lost	any, which immediate g the <u>under-</u>	(b) UE TO, OR AS A CONSEQUENC	E OF	1 (a).	
UNDERLYING OR CAUSE OF DEATH P.M. 7/19/19 Self-ingested  21d. INJURY OCCURRED WHILE AT WORK AT WORK  22d. I certify that I took charge of the remains described obove, held on death resulted from: Natural causes Accident Signet Accident Signet Took Suicide Managerita A. Korell, M.D.  ACTUAL SIGNATURE Margarita A. Korell, M.D.  EXAMINER'S NAME Margarita A. Korell, M.D.  ADDRESS 111 Penn Street	TIFICATI	19a. DATE OF OPER	ATION	9b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?  YES 🏝 NO [
AT WORK AT WORK  220. I certify that I took charge of the remains described above, held on death resulted from: Notural couses Accident Suicide Assistant MEDICAL EXAMINER SIGNED  EXAMINER'S NAME Margarita A. Korell, M.D.  ADDRESS 111 Penn Street		UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M. P/19	9 self-ingested		(6 PART 1 OR PART 2)
death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner ,  ACTUAL SIGNATURE MARGINATURE ASSISTANT MEDICAL EXAMINER SIGNED  EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	MEC	WHILE NOT	WHILE DO	STREET, EACTORY, FARM, ETC.)  NOME		Dr. crivotrown 32	Annapolis, Md.
(7112-0111111)		death resulted from			Suicide Homicide TITLE (SPECIFY)	Undetermined monner	DATE 7/20/70
[23c. NAME OF CEMETERY OR CREMATORY [23d. LOCATION]	4	(TYPE OR PRINT)			ADDITESS		
CREMATION 7-00/79 FORTLINGOLN BRENTWOOD PG  24. FUNERAL DIRECTOR  1 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNARU	C	REMATIO	^ -	_ /	INCOLN .		

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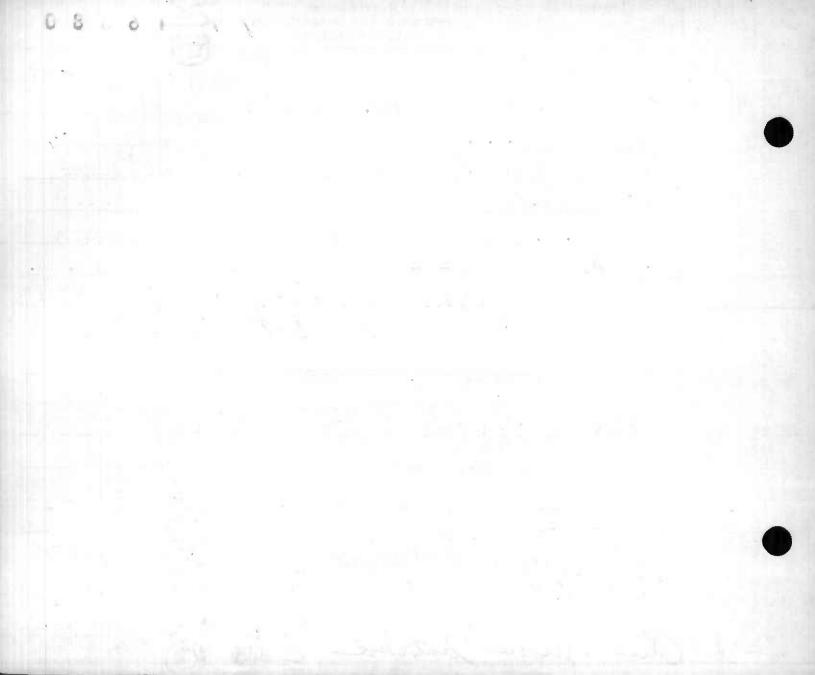
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5 te 5 te	3 1	23a. BUR	IAL, CREMATIO	N, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d LOC	ATION OR TOWN		COUNTY	STATE
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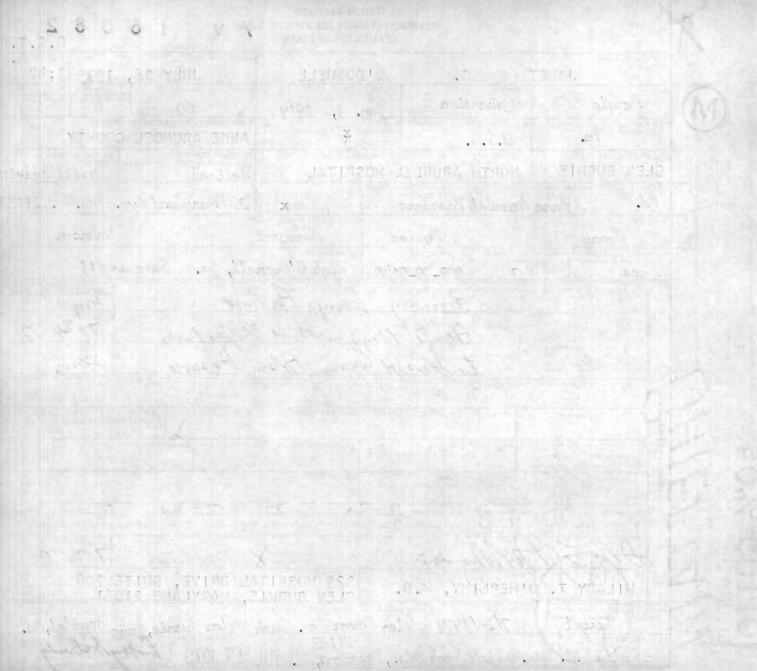
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 2ª DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) 1 6) 3 SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH VEAR MONTHS DAYS HOURS White 902 Nov IN BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED COUNTRY arv and WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 176 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Businessman Lumber rung JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 136 COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2 aroline YES IX NO [ tely 2 sh 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Nuttl Everngam Martha Himi I Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] [ (IF YES, GIVE WAR OR DATES) Dorothy Nuttle Denton. Jnknown/ 220-26-APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ligator to), b), and ic. PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE AS ALCONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERSORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL F NO YES [ NO [ ntal Hygu 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH Hem MEDICAL IN FITHER, NOTFY MEDICAL EXAMINERS P.M. 214 INJURY OCCURRED 211 LOCATION ŏ 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK all offended the deceased from\_ 220 I certify that (I) (1) sow the deceased alive on and that in (my) ( ) apinion death occurred an the date and have and from the causes stated above, (I) (\* (did) (dida view the body 20 STGNATURE DEGREE 22c. DATE SIGNED Sen, MOPHYSICIAN DIRECTOR PHYSICIAN HYSICIAN'S NAME 22a ADDRESS 22d THE OF PRINT ld b shoul 0 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE (SPECIFY) Caroline Cemetery Denton Denton 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78

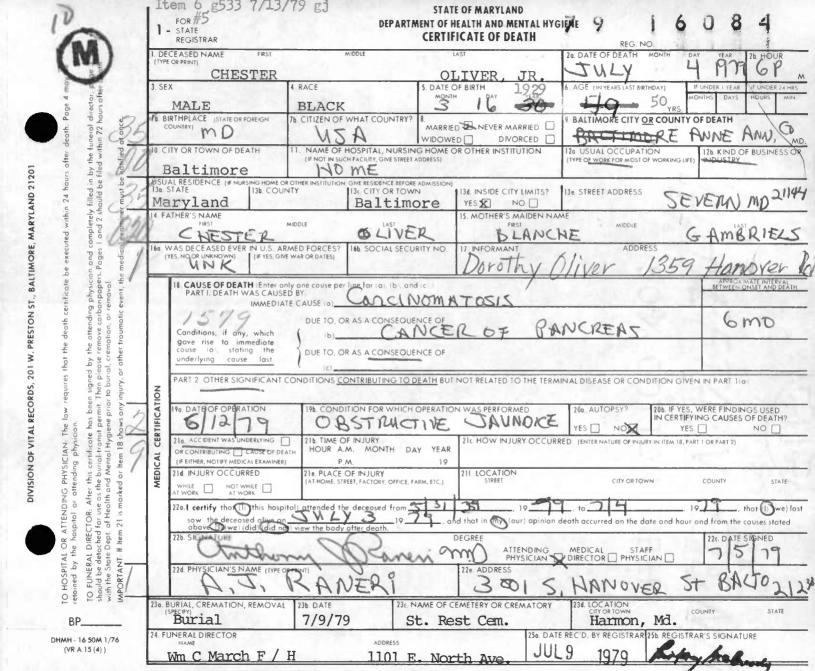


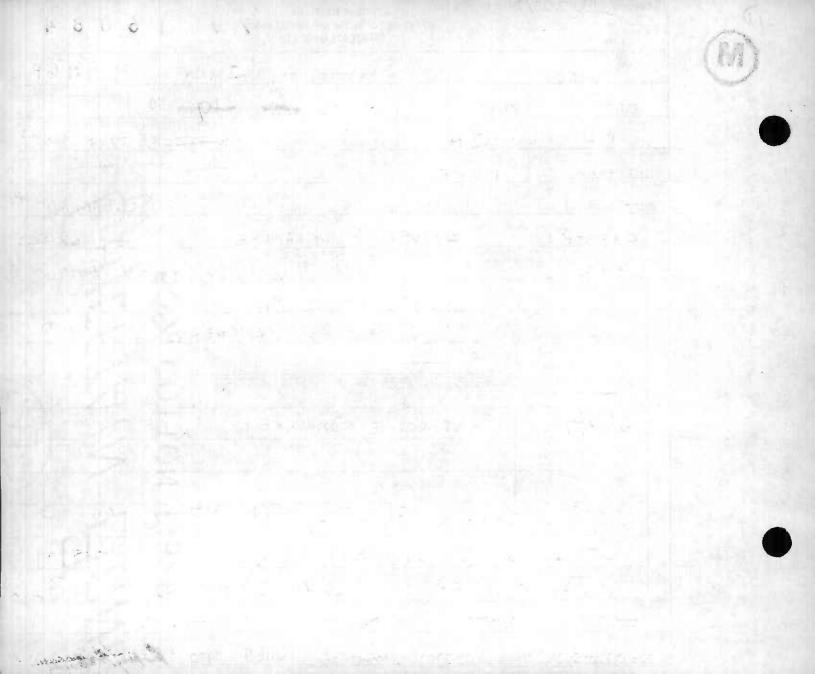
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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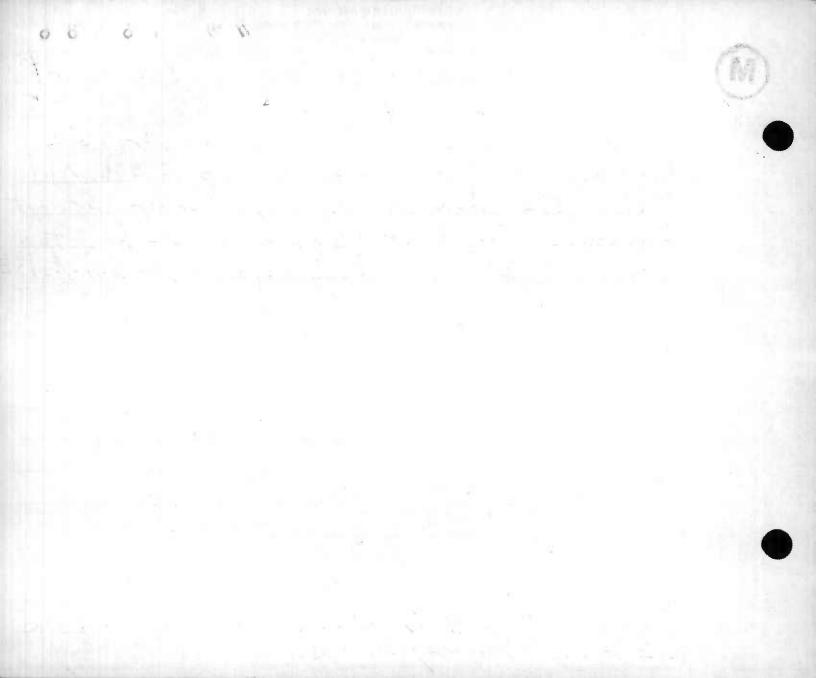




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21201 IF ANY DEI S. AND 3 TO S. RETAIN SHOULD BI RECORDS	13a. S	STATE	136 COUN	TY	13c. CITY OR TOWI		13d. INSIDE CITY LIMITS		ADDRESS			
2. 21201 2. AND 3. RETA SHOULI FCO		ryland	Anne	Arundel	Annapoli	.s	YES NO	□   722 S	second S	treet		
A T T O	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	1.2	LAST	
		Stanley			Oshinski		Cather:	ine	-	Br	azinsk	-4
0 8 4 8 - 0	160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR		ticoke	
ALTIMA S.S. AFTE GIVE P ITH FC VISION	1	Yes	(IF YES, GIVE	WAR OR DATES)	193-30-3	1243	Grontko	weki Kun	Hones Ho	mo Do	020000	ion i o
BAL WITH PAC			DEATH /E-1				1 di di di di	WOKI PUL	erar no	1110, 101	HISYLV	anta
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ION ST. 124 HG ITEM 1 ITEM 1 PERMI' GENE,		1/11/1	IMMEDIA	TE CAUSE (a)	aronar	2U	reery (	uclas	4		Su	elen
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.  S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying couse	lost.	(6)							100	
S, 3		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	EDMINAL DISEAS	CE OR CONDITION CIVEN IN	I BART 1			1	
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DIVIS WRITIN WRETIN WARDED AGE 3 5 TATE DEI	Σ	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	cn	Y OR TOWN	cou	INTY	STATE
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A D W O W		EXAMINER'S N	AME	LIUhr	abolt		//	/	hill	118		
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21;	22- 0			2 / / /	1001		ADDRESS	my	105	10/		
F W & F < 8	230.8	URIAL, CREMATI					OR CREMATORY	23d. BOCA	NWN	COUN	ATY	STATE
BP	Ve		hrial-	07-14-79	Holy Tr	unity	Cemetery		coke, I	ucerne	, Pa,	
DHMH - 17		NAME NAME	LI	LI FREST	Perso		250. DA1	TE REC'D. BY REC	SISTRAP 256. R	EGUDRAUS SI	GNOUR	and.
(VR A15 ME (5)) 15M 7/77	B	eall Fur	eral Ho	me, 1212	West St.,	Anna.	. Md.	AULT 0	13/3		27-100	7
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		STATE OF MARYLAND
	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 1 6 0 8 6
M)	DECEASED NAME FIRST	Way MMI Parker St. 20 DATE OF DEATH MONTH DAY YEAR 12. HOUR H
	0,011,0	RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MIN DAY YEAR MONTHS DAYS HOURS MIN
72 hours	BIRTHPLACE, (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?
華台 第一月	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NORSING HOME OR OTHER INSTITUTION  IF FOT IN SUCH FACILITY, GOETHREET ADDRESS)  INDUSTRY  INDUSTRY  INDUSTRY  INDUSTRY
c. 9	SUAL RESIDENCE (IF NURSING HOME OR OF OR OF 136 COUNTY	
pletely and 2 sho	GATHER'S NAME	ODIE PALLET CE STORM NAME MODILE I AND LAST L
ond co	WAS DECEASED EVER IN U.S ARME     (YES, NO OR UNKNOWN)   1 IF YES, GIVE W	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
physicior popers. novol.	18. CAUSE OF DEATH (Enter only PART ). DEATH WAS CAUSED IMMEDIATE	
0000	Conditions, if any, which	DUE TO, OR AS ACONSEQUENCE OF July
by the attendin ose remove corb 1, cremation, or r other troumatic	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF
Then please to buriol, cr injury, or oth	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
mit.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
	00.001/70/01/2010 □ 01/10/20 05 05 10/10/10	21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
the ord	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l LOCATION STREET CITY OR TOWN COUNTY STATE
	22a I certify that (I) (this hospital saw the deceased alive an	ond that in (my) (our) opinion death accurred on the date and hour and from the course stated
the hosp toched e Dept if frem	obove, (I) (we) (did) (did not)  226 SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF  27. DATE SIGNED
O FUNERAL 10001d be deto	22d PHYSICIAN'S NAME (TYPE OR PR	THIS CLAIR DIRECTOR PHYSICIAN
E C & 3 & 123	BURIAL, CREMATION, REMOVAL	236 DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION AITY OR TOWN COUNTY STATE
BP	EUNERAL DIRECTION	250. DATE RECID. BY REGISTRARISS DESISTRAR'S SUSNATURE



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וח שנרו.		CEASED-NAME ype or Print)	First		Mi	ddle	D la	ist as		20. DATE OF	KNOWN	Manth	Day	Year	2b. HOUR
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1	3. SI	X 4. RACE	,	S. DATE OF BIR		6. AGE (In	lay) MONTHS [	YEAR IF UNDER : DAYS HOURS	24 HRS.	2c. DATE P Manth	RONOUNCED 7	D	15 Y	ear 19 75	2d. HOU
11	7a: 1	SIRTHPLACE (Stote or foreign	gn 7b.	CITIZEN OF WH		8	YRS. NEVI	FR MARRIED	9 COUN	TY OF DE	ATH		,	14-7	17
15	caun	MARYLAND		U.S.			WIDOWEDXX	DIVORCED		0	- AR	unc	1el	00	N
3	14	NOPO /1	5	give	ret address)	ARU		ispital 12a. U during			Kind af war fe, even if r			CIND OF BU	SINESS OR
33	13o.	USUAL RESIDENCE (Where	e deceased	lived, if institution 13b. AOUNTY	ution: Residence		CITY OR TOWN	13d INSIDE CITY L			Bayf		t Rd		
15	14. F	ATHER'S NAME Firs	st	Middle		Lost	IS. MOTHER	S MAIDEN NAME	First		Mid	dle		Los	st
7		GEORGE			WA	SHING	I'ON M	IARY			В	LAKE	C		
1		WAS DECEASED EVER IN U.S.		CES?	16b. SOCIAL SE	CURITY NO.	17, INFORMANT				ADDRESS	AT S			CULT
	,	NO					GEORGE	PARKER	Box	12 G	alesy	ille	Ma:		
l		18. CAUSE OF DEATH (I	Enter anly o	one cause per li	ine (a) (b)	and (c)	1/	2 0		1				APPROXIMATI BETWEEN ONSET	T ANO OEATH
ł		9-1-11	IMMEDIATE	CAUSE (a)	finos	444	hours	ul C	his	1		1 100	36	ud	den
7	- 7	1994		DUE TO, OR	AS A CONSEQU	UENCE OF									
		Conditions, if ony, which		10/		18 4									
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1		PART 2. OTHER SIGNIFICAN	NT CONDITIC	ONS CONTRIBUT	ING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR C	CONDITION	GIVEN IN	PART 1(o)				
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I	CERTIFICATION	The state of state of	15-13			FORMED?	. C. CRATION			3		- 5	-	YES M	NO 🖊
1		21a. EXTERNAL CAUSE WA	IS	21b. TIME OF	INJURY Month,	Doy, Year	21c. HOW INJU	RY OCCURRED (En	ter nature	of injury	in Part 1 ar	Part 2	Item 18		110
1	MEDICAL	PRIMARY OR CONTRIB		HOUR A.	M.	19				or infort	run r di	, uii z, i			
	MED	21d. INJURY OCCURRED	21e. PLA	CE OF INJURY (	At home, farm		21f. LOCATION	Street ar R.F.D. Na.		City o	r Town		Cour	nty	Stote
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1		death resulted		Natural caus		Accident [			And the last of th	-	ermined n	–	- 1	GIA III II	17 Opinio
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1		EXAMINER'S	7	1	,		m.b.	DEPUTY MEDICA				7-	-15-	-79	
1		NAME (Type)	LIX	chne	dt			ADDRESS(Street,	, city, taw		(y)	m	1	1. h	cel .
1	23a.	BURIAL, CREMATION,	23b. DA	ATE .	23c. 1	NAME OF CEM	ETERY OR CREMATO	RY	23d. L	OCATION (	City or Tow	n)	Count	ty) (	State)
	_	JRIAL (Specify)	7-20	0-1979	CHE	WS CHU	RCH CEME	TERY	Ø.	densv	ille	117	77777	Maryl	and
		FUNERAL DIRECTOR				ADAPESS	polis, M	2Sa. REC'E	BY REGIS		255. 35	TRARS	SIGNA	URIA	,
	WI.	LLIAM REESE	& SO	ns Mort	UARY,	P.A.		DATEUU	LZU	1979	3	-	410	40/2/04	7

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		L.YM. I MALE STO	SEE MILL

		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1		088
	(TYPE	CEASED NAME OR PRINT)	May	4	AIDDLE	Vi	ndell	20. DATE OF DEATH	7/C	Y YEAR 26. HOU
	3. SE)	EMALE		BLAC	h	S. DATE C		6. AGE (IN YEARS LAST BIT		ONTHS DAYS HOURS
34	CC	RTHPLACE (STATE OR FOR DUNTRY)  MARYLAND  TY OR TOWN OF DEAT		U.S.		WIDOWE	D NEVER MARRIED DIVORCED TO OTHER INSTITUTION	9. BALTIMORE CITY  ANNE ARUI  120. USUAL OCCUPA	NDEL CO	
53	Al	NNAPOLIS	· ·	NNE A	ARUNDEL (	ADORESS)	L HSOPITAL	(TYPE OF WORK FOR MOST		
35	13a. S	ARYLAND	IG HOME OR OTHER 36 COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOV HARWOO	VN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 157 Grave		
0.00	14 FA	CHARLES	WIDDLE		PIND	CLL	15. MOTHER'S MAIDEN NA	MIDDLE		BROWN
)	16c. V	VAS DECEASED EVER IN	U.S. ARMED F (IF YES, GIVE WAR C		214-05-1		17 INFORMANT RICHARD JAME	S Sr. 7996	AL e	xandria, V
y, or other troumptic		Conditions, if any, gave rise to immucouse 101, stating underlying cause	which ediate the last.	OUE TO, OF	RAS A CONSEQUENCE SE	ENCE OF	CANCER of NOT RELATED TO THE TERM	BOLUS Lolos INAL DISEASE OR CON	NDITION GIVE	30 /7: 6 /7: NIN PART 1(0)
ndu swa swa	CERTIFICATION	190. DATE OF OPERATI	ON I	9b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USEING CAUSES OF DEAT
rked or item 18 sh	MEDICAL CER	216, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WORK	USE OF DEATH EXAMINER)  D 2	P./	M. MONTH D M.	19	21c. HOW INJURY OCCURI 21f. LOCATION STREET	RED LENTER NATURE OF INJ		COUNTY S
tem Z I is moi		22s.1 certify that (1) (	this hand a	PROX ,	1UNE 2019	- 10	nd that in (my) (my) opinion	death occurred on the		ond from the causes st
PORTANI:		120 PHYSICIAN'S NA	ME TYPE OR PRINT	lear 13	TEINI	reco	22e. ADDRESS	MEDICAL ST.	-	20867.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING

etoined by the hospital TO HOSPITAL

24 FUNERAL DIRECTOR
NAME
WILLIAM REESE & SONS MORTURRY, P.A.

736 DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

23d. LOCATION CITY OR TOWN PINELAWN MEM. PARK ADDRESS Annapolis, Md.

COUNTY JUL 9 1979 Friffing Maryland

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STATE WARREN WONDERNY, P.A.

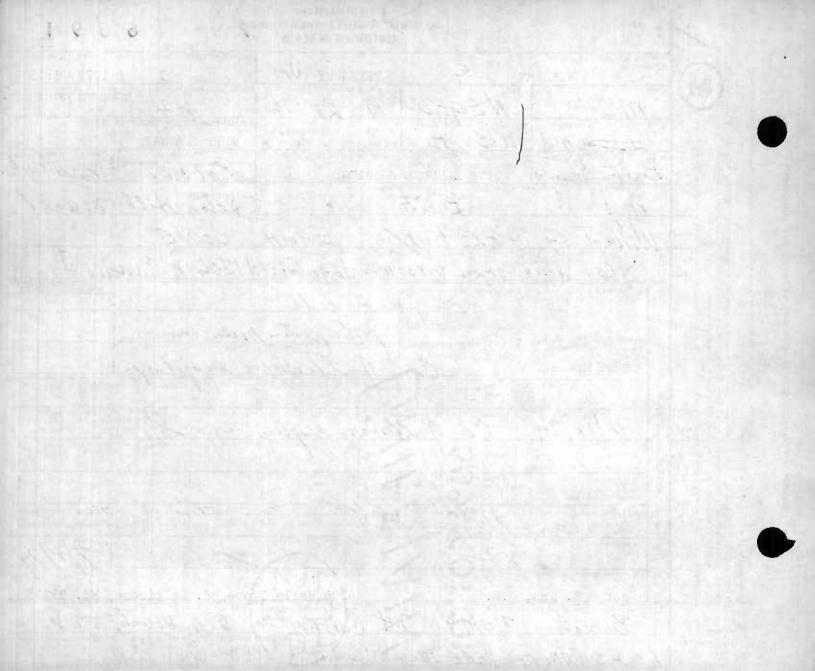
				TATE OF MARYLAND			
1	FOR = STATE			OF HEALTH AND MENTAL H		6 0	8 9
	REGISTRAR			INER'S CERTIFICATE C	KE	3, NO.	
	DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	DAST / //	20. DATE KNOW OF ESTI-	N. MONTH DA	-
L		Roge.		POIAK	DEATH MATE	1 1	1977
3.	SEX 4	I. RACE 5.	MONTH DAY YEAR LAST BIR	N YEARS IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DA	Y YEAR 2d
	M	w	10 8 24 54	/	DEAD	11	79 1
70	BIRTHPLACE (STA	TE OR 7b	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9. BALTIMORE C	TY OR COUNTY OF	FDEATH
	Deut Ve	ork	11.5.H.	WIDOWED DIVORC	ED ANNE	Aronde	1.00
10	CITY OF TOWN O	F DEATH	NAME OF HOSPITAL, NURSING HO	ME, OR OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 12b.	KIND OF BUSINI OB INDUSTRY
1	Severna	Park .	505 916. 6	KT.	Teacher	A	ish 511
US	UAL RESIDENCE IN	F IN NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADA		13e. STREET ADDRESS		
5	170	A	A. Severna	PORK YES NO DE	505	1 14	
14	FATHER'S NAME		IDDLE ALASE	15. MOTHER'S MAIDE	N NAME		1467
40	FIRST	rlec "	Pala V	FIRST	MIDDLE	110	KAST
1 16	. WAS DECEASED	EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT	ADD	RESS	1000
	(YES, NO, OR UNKNOW	(IF YES, GIVE WAR	17T 077-19	4189 Pam Po.	lak- Falls	- Church	/
F	18 CAUSE OF	DEATH (Enter only o	ne couse par line for (a), (b), and (c).)	77671100	7 627.5	0770. 457	APPEAXIMATE DITE
	PARTIDEA	TH WAS CAUSED BY		Cuterel de	100-00	17	I do
	414	9 IMMEDIATE C	DUE TO, OR AS A CONSEQUEN	CE OF	in	4	Laven
		/					
	Conditions	if ony, which		7			
	gove rise	to immediate	(b)				
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	gove rise cause (a) s lying cause	to immediate stating the <u>under-</u>	(b)	CE OF			
	gove rise cause (a) s lying cause	to immediate stating the <u>under-</u>	(b)	CE OF	RT 1 (a).		
The state of the s	gove rise cause (a) s lying cause	to immediate stating the <u>under-</u> e lost.	(b) DUE TO, OR AS A CONSEQUENCE (c) RIBUTING TO DEATH BUT NOT RELATED TO THE	CE OF  TERMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).		
14014401	gove rise cause (a) s lying cause	to immediate stating the <u>under-</u> e lost.	(b)	CE OF  TERMINAL DISEASE OR CONDITION GIVEN IN PAI	₹₹ 1 (a).	20	. AUTOPSY?
To a Contract	gove rise cause (a) s lying cause	to immediate stating the under- e last.  NIFICANT (ONDITIONS (DNI)	(b) DUE TO, OR AS A CONSEQUENCE (c) RIBUTING TO GEATH BUT NOT RELATED TO THE	CE OF  FERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?		= 6	. AUTOPSY?
	gove rise couse (a) s lying couse PART 2 OTHER SIGN 199. DATE OF C	to immediate totaling the under-elast.  NIFICANT (ONDITIONS CON)  OPERATION  CAUSE WAS	(b)	CE OF  FERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  216. HOW INJURY OCCURRE		= 6	
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	gove rise couse (a) s  lying couse  PART 2 OTHER SIGN  19a, DATE OF C  21a, EXTERNAL  UNDERLYING CONTRIBUTION  10a INDURY OC	control immediate charting the under-elast.  DEFINITION CONDITIONS	(b) DUE TO, OR AS A CONSEQUENCE (c)  RIBUTING TO DEATH BUT NOT RELATED TO THE  19b. CONDITION FOR WHICH O  21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	TERMINAL DISEASE OF CONDITION GIVEN IN PAI PERATION WAS PERFORMED? EAR 21c. HOW INJURY OCCURRE		= 6	
I Control of the cont	gove rise couse (a) s lying couse (b) s lying couse (b) s lying couse (b) s lying couse (b) s lying couse (c) s lying co	control immediate charting the under-elast.  DEFINITION CONDITIONS	(b)	DERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	YES N
	gove rise couse (a) s  lying couse  PART 2 OTHER SIGN  19d. DATE OF C  21d. EXTERNAL  UNDERLYING CONTRIBUTING CONTRIBUTING WHILE AT WORK	CAUSE WAS OR CAUSE OF DEA	(b)	PERMINAL DISEASE OR CONDITION GIVEN IN PAI PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION STREET	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)  COUNTY	YES N
To Control of the Con	gove rise couse (a) s  lying couse  PART 2 OTHER SIGN  19a. DATE OF C  21a. EXTERNAL  UNDERLYING CONTRIBUTION  WHILE AT WORK  22a. 1 certify	CAUSE WAS OR CAUSE OF DEAL COURED NOT WHILE AT WORK	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE	PERMINAL DISEASE OR CONDITION GIVEN IN PAI PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION STREET  Autopsy , Inspection	CITY OR TOWN	EM 18 PART 1 OR PART 2)	YES N
	gove rise couse (a) s  lying couse  PART 2 OTHER SIGN  19d. DATE OF C  21d. EXTERNAL  UNDERLYING CONTRIBUTING CONTRIBUTING WHILE AT WORK	CAUSE WAS OR CAUSE OF DEAL COURED NOT WHILE AT WORK	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE	FERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR 21c. HOW INJURY OCCURRE  21f. LOCATION  STREET  Autopsy , Inspection  Suicide , Homicide ,	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)  COUNTY	YES N
To Clare Cineman or Contract	gove rise couse (a) s lying couse (b) s lying co	CAUSE WAS OR CAUSE OF DEAL COURED NOT WHILE AT WORK	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE	PERMINAL DISEASE OR CONDITION GIVEN IN PAI PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION STREET  Autopsy , Inspection	CITY OR TOWN  Inquiry  Undetermined manner	COUNTY	YES N
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Total Cities of	gove rise couse (a) s lying couse  PART 2 OTHER SIGN  190. DATE OF C  210. EXTERNAL UNDERLYING CONTRIBUTING 210 INJURY OC WHILE AT WORK  270. I certify death resulted  ACTUAL SIGNATURE  EXAMINER'S N	To immediate total ing the under-elast.  NIFICANT CONDITIONS CONTINUED TO PERATION  CAUSE WAS  OR  CAUSE WAS  CURRED  NOT WHILE  AT WORK  That I took charge of the immediate to	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE	DERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION  STREET  Autopsy Inspection  Suicide I, Homicide I,  TITLE (SPECIFY)  M.D.	CITY OR TOWN  Inquiry ,  Undetermined manner  MEDICAL EXAMINER	COUNTY	YES N
	PART 2 OTHER SIGN  190. DATE OF CONTRIBUTION  210. EXTERNAL UNDERLYING CONTRIBUTION 210 INJURY OF WHILE AT WORK  220. I certify death resulted  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRINT)	TO immediate stating the under- e lost.  NIFICANT CONDITIONS CONTINUED OF DEAL COURED NOT WHILE AT WORK  That I took charge of the from: Natural of the course of the cour	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE  19b. CONDITION FOR WHICH O  21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 19  21e. PLACE OF INJURY IATHOME STREET, FACTORY, FARM, ETC.)  (the remains described obove, held o ouses Accident	PERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION  STREET  Autopsy Inspection  Suicide In Homicide In  ALL OF ALL OCCURRE  ADDRESS.	CITY OR TOWN  CITY OR TOWN  Undetermined manner  MEDICAL EXAMINER	county	YES N
	gove rise couse (a) s Jying couse  PART 2 OTHER SIGN  196. DATE OF C  216. EXTERNAL UNDERLYING CONTRIBUTING 216 INJURY OC WHILE AT WORK  276. I certify death resulted  ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT)  6. BURIAL, CREMATIC (SPECIFY)	To immediate total ing the under-elast.  NIFICANT CONDITIONS CONTINUED TO PERATION  CAUSE WAS  OR  CAUSE WAS  CURRED  NOT WHILE  AT WORK  That I took charge of the immediate to	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE  19b. CONDITION FOR WHICH O  21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 19  21e. PLACE OF INJURY IATHOME STREET, FACTORY, FARM, ETC.)  (the remains described obove, held o ouses Accident	DERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION  STREET  Autopsy Inspection  Suicide I, Homicide I,  TITLE (SPECIFY)  M.D.	CITY OR TOWN  Inquiry  Undetermined monner  MEDICAL EXAMINER  ATION OR TOWN	county	YES N
233	gove rise couse (a) s Jying couse  PART 2 OTHER SIGN  190. DATE OF CO  210. EXTERNAL UNDERLYING CONTRIBUTION 21d INJURY OC WHILE AT WORK  220. I certify death resulted  ACTUAL SIGNATURE EXAMINER'S N TYPE OR PRINT  0. BUTIAL, CREMATI (SPECIFY)	To immediate totaling the under-elast.  NIFICANT CONDITIONS CONTINUED TO PERATION  CAUSE WAS  OR  G CAUSE OF DEA  CCURRED  NOT WHILE  AT WORK  That I look charge of the continued of the continu	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE INTERPRETATION OF THE INTERPRET	PERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION  STREET  Autopsy Inspection  Suicide I, Homicide I,  TITLE (SPECIFY)  M.D. DEPT STREET  ADDRESS  CEMETERY OR CREMATORY	CITY OR TOWN  Inquiry  Undetermined monner  MEDICAL EXAMINER  ATION OR TOWN	county  and in my opinion  DATE SIGNED  COUNTY	7-1-19
23	gove rise couse (a) s Jying couse  PART 2 OTHER SIGN  196. DATE OF C  216. EXTERNAL UNDERLYING CONTRIBUTING 216 INJURY OC WHILE AT WORK  276. I certify death resulted  ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT)  6. BURIAL, CREMATIC (SPECIFY)	To immediate totaling the under-elast.  NIFICANT CONDITIONS CONTINUED TO PERATION  CAUSE WAS  OR  G CAUSE OF DEA  CCURRED  NOT WHILE  AT WORK  That I look charge of the continued of the continu	(b) DUE TO, OR AS A CONSEQUENCE (c)  [RIBUTING TO DEATH BUT NOT RELATED TO THE  19b. CONDITION FOR WHICH O  21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 19  21e. PLACE OF INJURY JATHOME STREET, FACTORY, FARM, ETC.)  The remains described obove, held o ouses Accident  ACCI	PERMINAL DISEASE OR CONDITION GIVEN IN PAI  PERATION WAS PERFORMED?  EAR  21c. HOW INJURY OCCURRE  21f. LOCATION  STREET  Autopsy Inspection  Suicide In Homicide In  ALL OF ALL OCCURRE  ADDRESS.	CITY OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER  ATION OR TOWN	county  and in my opinion  DATE SIGNED	7-1-19

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	1					STAT	E OF MARYLAND				
	1.	FOR STATE			DEPARTI		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 9	16	0 9	0
	1.05	REGISTRAR	I I DEV		IDDLE		LAST	REG. I	NO.		
16		CEASED NAME F	WALTE		NDD(E			26. DATE OF DEATH		, , ,	HOUR
	3. SE	v	4. RA				PORTER OF BIRTH	6 AGE (IN YEARS LAST B	7 16		UNDER 24 HRS
1						MONT					OURS MIN
100		RTHPLACE ISTATE OR FOREI		NEGRO	VHAT COUNTRY?	-	1 2/20	59	YRS.	AL DEATH	
200	C	OUNTRY)	/b. C			MARRIE	NEVER MARRIED				
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35	113a. S	T-327 4 5 500	HOME OR OTHE	R INSTITUTION,	GIVE RESIDENCE BEFOR 13c. CITY OR TOW SEVERN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		n Dd	
5)	14. FA	THER'S NAME	MIDDLI		LAST	- 10	15 MOTHER'S MAIDEN N	AME			1
46		WALTER		HN		RTER				GRIFFIN	
medico	16a. V	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (III	U.S. ARMED FYES, GIVE WAR	OPOATES	166. SOCIAL SECU		17. INFORMANT	ADDI			
		IES	M.M.PT		214-18-5	30T	ADA PORTER 7	043 Clarkst	ation R		
7, 10		18 CAUSE OF DEATH (I	Enter only on	e couse per	line for (0), (b), on		/				TE INTERVAL SET AND DEATH
event,	-		MEDIATE CA				CARDIAC INI			(MME	DIATE
njury, or other troumotic		410-		DUE TO, OR	AS A CONSEQUE	ENCE OF	RY ATHERIS		1	50	
trout		Conditions, if ony, w		(p)		KINA	ANY MATHEMA	CLERGSES		54A	25.
the.			the lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF					
				(c)	ALTERIO TO	DE ATHERUS					
inlury,	Z	PART 2. OTHER SIGNIFI	ICANT CONL	JIIIQNS CO	NIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	WIN AT DISEASE OR COI	NDII ION GIVEN	IN PART TO	
du /	¥	190. DATE OF OPERATIO	N	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V	WERE FINDINGS	S USED
	볼	-	-					YES TO NOT	IN CERTIFY II	ING CAUSES OF	DEATH?
2	CERTIFICATION	210. ACCIDENT WAS UNDERL	YING	216. TIME OF			21c. HOW INJURY OCCU				
1		OR CONTRIBUTING CAU		HOUR A.A	A. MONTH D.	AY YEAR					
5	MEDICAL	21d. INJURY OCCURRED	)	21e. PLACE C	OF INJURY		211. LOCATION				
	E	WHILE NOT WHILE		(AT HOME, STRE	ET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TO	)WN	COUNTY	STATE
		220-I certify that (1) (th	is hospital) a	ottended the	deceased from_		5-25 19 65	O , to 7 -	16 19	79, tho	ot (1) (we) lost
2		sow the deceased of	olive on	4	-30 19	79.0	nd that in (my) (our) opinion	n deoth occurred on the	dote and hour o		
		obove, (I) (we) (did) 226. SIGNATURE	(Jula not) vie	w the body o	Orrer deoin.	7	DEGREE			22c. DATE SIG	GNED
			Lin	1 7	JANIA	6 00)	ATTENDING	MEDICAL ST.	AFF	7-19	8-79
7	1	22d. PHYSICIAN'S NAMI	E (TYPE OR PRINT	II)	h	1	22e ADDRESS	E PARECION E FITTS	CINIT	1	
A POKING		- LEON	1 C. 1	PERRY	MD		325Haspix	HEDA. GLEN	BURNE	148 71	1061
-	23a. E	BURIAL, CREMATION, REA		Bb. DATE	236.1	NAME OF C	EMETERY OR CREMATORY	123d COCATION			-01
	B	ÜRTAL		-20-19			vary Church	CITY OF TOWN		A. Mar	STATE arl and
		UNERAL DIRECTOR	-				polis, Md 25a. DA			AR'S SIGNATUR	F
	WI	LLIAM REESE	& SON	S MOR'	ADDRESS P.	. A	JI	1 2 0 1070	Thirty	wheel.	

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		1				STATE OF MAR	YLAND		
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		1.0	CE ASED NAME	FIRST	WIDDLE	LAST		REG. NO.	DST DAY YEAR 26 HOUR
			E OR PRINT)		-		v dr	74. DATE OF BEATT	P
	o o	)	·	WILBERT	RACE C	PRESBUR	Y	6. AGE (IN YEARS LAST BIRTHDAY)	1 1979 1:15 M
	ge 4 m	3. St	m.		NEGRO	5. DATE OF BIRTH	7 YEAR	1-7	MONTHS DAYS HOURS MIN
	Pour Pour		IRTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF WHAT COUNT	RY? 8.	ED MADDIED [	9. BALTIMORE CITY OR COU	INTY OF DEATH
JIA	neral na 72 an 72	9	27.5	md	U.S. A.	WIDOWED	DIVORCED DE	ANNE ARUNDEI	MD,
	y the fu	10.0	TY OR TOWN OF	0 1	NAME OF HOSPITAL, NU	TREET ADDRESS)	NSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
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AND 2	24 ha 24 ha suld b suld b	130	Mel	136 COUNTY	Dal Bal	D YES Y	PE CITY LIMITS?	130 STREET ADDRESS He	el manor
MARYL	d within inpletely from 2 sho	14 F	ATHER'S NAME	+ C MID	DIE SES SIAST	15. MOTH	FIRST ALA	ME	LAST
BALTIMORE, A	e executed nond camp Pages I an medical exe	2 160	WAS DECEASED E	VER IN U.S. ARME	D FORCES? 166 SOCIALS	ECURITY NO. 17. INFO	RMANT GREA	ADDRESS 11506 M. (5)	and of
ALTI	he be		IR CAUSE OF D		one couse per line for (o), (b	and (c)	100/114		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	rtificate g physici an paper emaval. event, th			H WAS CAUSED !	3Y: 4.	nueva /	15		acterial Ordet And Death
PRESTON ST	200000		1501	IMMEDIATE (	ACCE TO T		-11	1	
STO	T 0000		Conditions, if	any which	DUE TO, OR AS A CONSE	OUENCE OF DIM O	Vi Culing	meluna	
78	the deat the atter remave c emation, er traum		gove rise to	immediate	(p)	1			
201 W.	by by oth	4	underlying co	ause lost	DUE TO, OR AS A CONS	OUENCE OF	linac	ic explice	34
	equires signe signe flhen p ta bur njury,	No.	PART 2. OTHER S	SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT NOT RELA	TED TO THE TERA	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
RECORDS,	bee mit.	CERTIFICATION	HIS DATE OF SPE	ERATIO4	196 CONDITION FOR WE	TICH OPERATION WAS PE	RFORMED	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ALR	N: The lo hysician. Icate has ransit per Hygiene H	E E	611	8/19	Ca 6/	elinales.	ezoplice	YES NO	YES NO
<u> </u>	SICIAN: The graphsicial physicial ph	7	210. ACCIDENT WAS	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	V IN JURY-OCQUE	RED JENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
Ö		CAL	(IF EITHER, NOTIFY M	EDICAL EXAMINER)	P.M.	19	77.		
DIVISION OF VITAL	the the and	MEDICAL	216. INJURY OCC	T WHILE	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	ATION	CITY OR TOWN	COUNTY STATE
۵			220.1 certify tho	t (1) (this hospital	ottended the deceased fr	om_6/15	1979	, to 7/	1979, that (I) (we) last
	2 de fo		sow the dec	eased alive on	riew the body after death.	9 7, and that in (	my) (our) opinion	death occurred on the date and	hour and from the couses stated
1	OR A he has DIREC ached Dept.		226. SIGNATURE		0	DEGREE		WELL STREET	22c DATE SIGNED
	0 0 0 0 0 7			1 6	2-2		PHYSICIAN [	MEDICAL STAFF	7/2/79
	HOSPITAL ned by the FUNERAL I the State I		22d. PHYSICIAN	S NAME (TYPE OR PE	tint)	22e ADD	RESS		1//
	TO HOSI etained TO FUN shauld b with the		George	S. Tan.	M.D.	4306	Belle G	rove Rd. Baltin	more, Md. 21225
19	BP	230.	BURIAL, CREMATION (SPECIFY)	ON, REMOVAL	7/5/79	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	TOUNTY MA DITATE
10	DHMH-16 50M 7/77	24	UNERAL DIRECTO	R	// ADDRES	0 >	25a. DA	TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
	(VR A 15 (4))	1	OCKS	FUNERY	AL HOME 13	04 n. (Sents	elan J	UL2 1979 1	inter beall



L - 1 4	V	FOR	STATE OF MARYLAND	
N	1	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO D.S.T.
/		CEASED NAME FIRST	MIDDLE	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
4 65		BENJAMIN	PARKER · PRIDDY	JULY 31, 1979 11:40
- (3)	3. SE	Male 1. RACE	S DATE OF BIRTH MONTH DAY YEAR NOV. 2. 1906	6. AGE (IN YEARS LAST BIRTHDAY)  72  YRS.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
<b>M</b> 43	7a. B	CHAITPYL	MARRIED NEVER MARRIED WIDOWED DOWNCED	I AMME ADMADE COMMITY
s off by the filed -	10 C	LIFNOLINS	F HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY GIVES TREET ADDRESS!  ARUNDEL HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Superintendan Construct.
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill exominer must be no	130.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE STATE 136 COUNTY aryland AnneArunc	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4 Forest Street
withir withir d 2 sh	14. F.	ATHER'S NAME FIRST MIDDLE	LAST IS MOTHER'S MAIDEN N	AME MIDDLE & LAST
	160.	UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES	PRIDDY Gertru  ? 166. SOCIAL SECURITY NO. 17 INFORMANT	
MORE, ond condical medical		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	544-10-3256 Mrs. Myr	Dame as # 13
VST., BALTIMORE, certificate be execut ng physicion and cobonpapers. Pages 1 remayol.		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON ST., death certific catending ph move carbon p ration, ar rem traumatic ever			OR AS A CONSEQUENCE OF	
e the transfer of		Conditions, if ony, which gove rise to immediate couse (a), stating the	OR AS A CONSPONENCE OF	
the the		underlying couse lost (c)	CUIT	
RDS, 2C	NO	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
N RECO	CERTIFICATION	190 DATE OF OPERATION 196 CON	IDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED 1N CERTIFYING CAUSES OF DEATH?  YES NO YES NO
SION OF VITAL RE PHYSICIAN: The lo anding physicion. this centificate hos the buriol-transit per ad Mental Hygiene d or Item 18 shows.		OR CONTRIBUTING CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION O DING PHYSIC or attending After this cer e os the burio olth and Ment morked or flee	MEDICAL	21d. INJURY OCCUPRED 21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.]  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE:
TENDI dital outside of the control o		22a. Leartify that III (this haspital) attended sow the decay of olive on above, (i) (did not) yew the bo	3179 and that in (my) (our) opinio	on death occurred on the date and hour and from the causes stated
toche Dep		22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN
HOSPI bined b FUNEI buld be th the Si		JORGE B AM EZ	M.D. O GEN BURN	TAL MARYEANSULTE 6207
0 a 0 d M	23a.	BURIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREMATORY	CITY OF TOWN COUNTY STATE
BP		Cremation 1, At	JG'79   Security Proces	s. Inc. Catonsville Balto . Md
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR FUNERAL	DDRESS	AUG 2 1979

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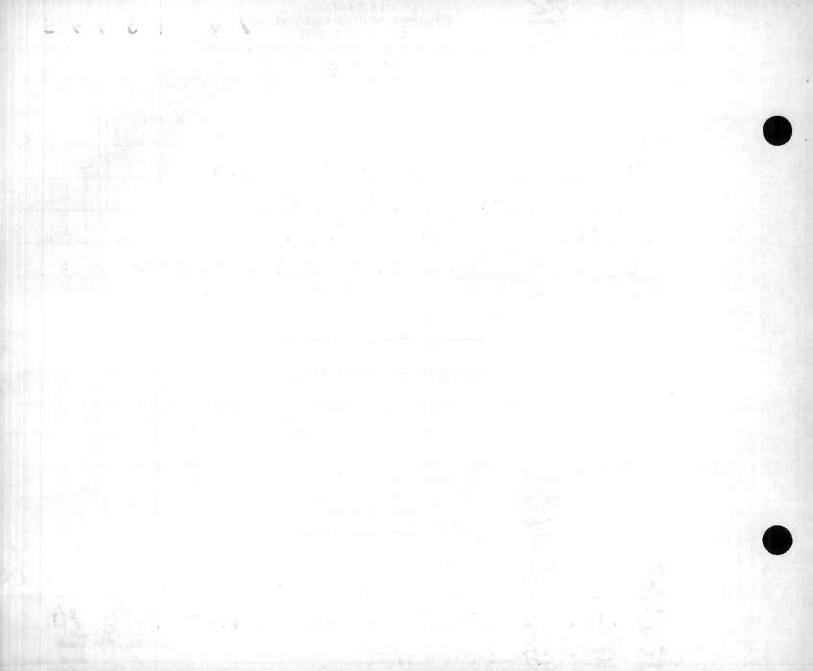
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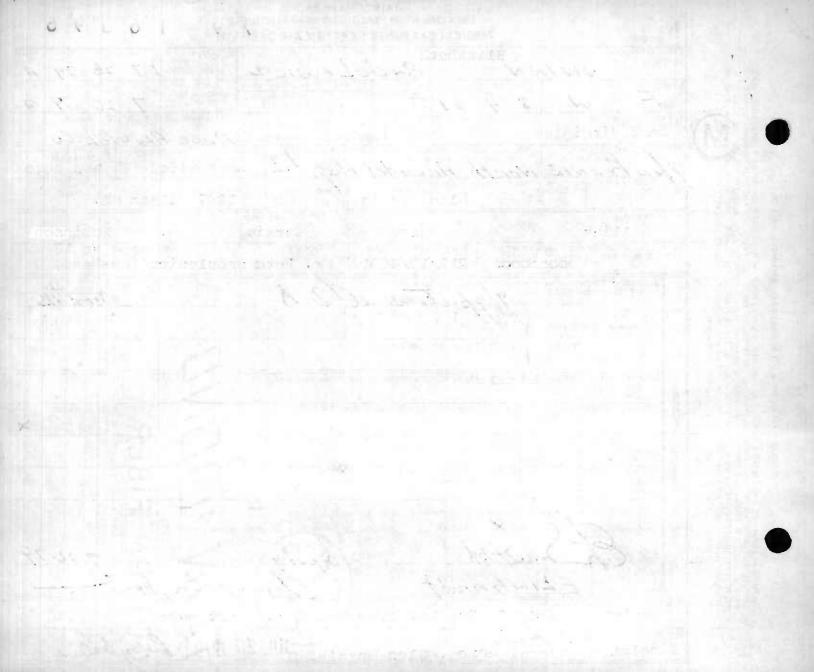
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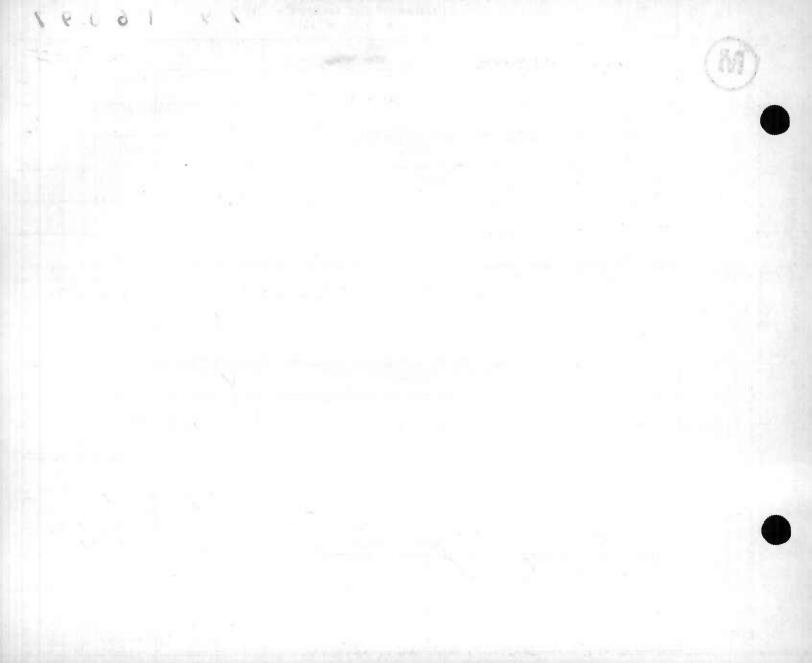
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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G. Douglas Stauffer Rt. 10 Box 66 Fred., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN!

FOR

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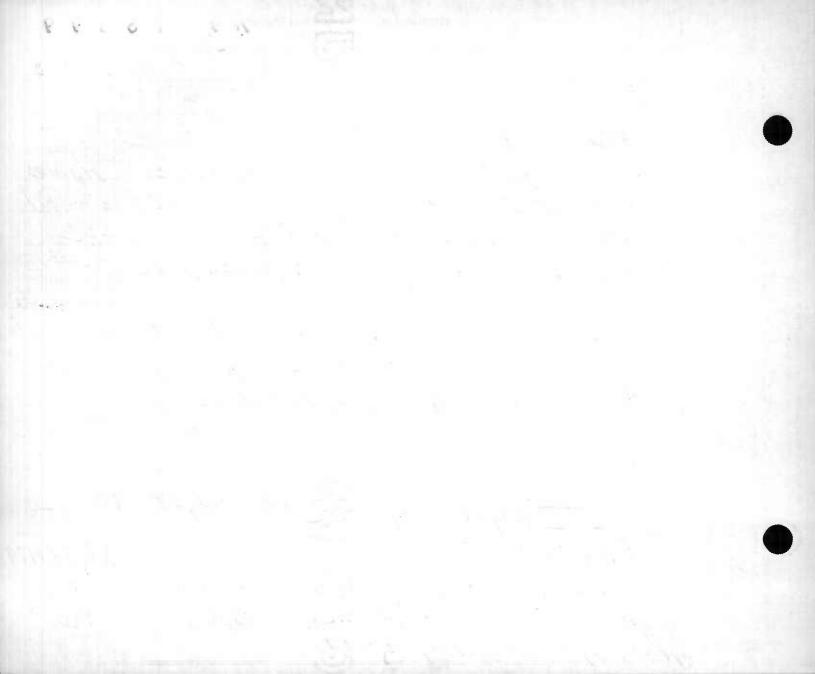
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STATE OF MARYLAND

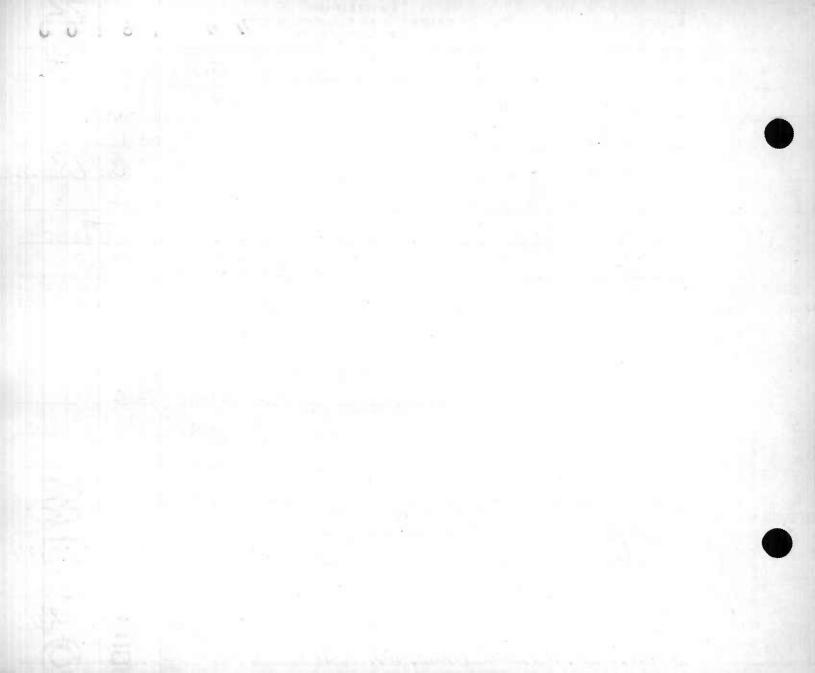
DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

FOR

(VRA 15, 4) 7/7B



				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAI	RITMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	1 7	6100
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
be 3 ge 3 leath		OR PRINT) M. LLL	T	Robinson	JU1 2	0,1979 735
тоу вод	3. SE	X 11971	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
4 (0.20)		Female	White	5- 28- 94	85 YR	MONTHS DAYS HOURS MIN
Page Page	70. B	RTHPLACE ISTAGE ONFOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 1 _/	BALTIMORE CITY OR COUN	
funeral thin 77 thin 77	S °	OUNTRY)	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	Anne Arun	del
ğ 83 ğ		TY OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE STR	1 0 - 11.00	12a. USUATO CCUPATION TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
in by the filed be notified.		AL RESIDENCE LIE NUBSING HOME O	HONE Arund	EL GED, HOSP	UEFK	101011 DEPL
24 he avid b	13a	STATE 13b COU	Arundal Annas	OWN 134 INSIDECITY LIMITS?	130. STREET ADDRESS  5 School	<b>5</b> +.
they sine	14. F/	THER'S NAME	IMIDDLE / LAST /	15 MOTHER'S MAIDEN NA	ME 1 - MIDDLE	TIASI
D G G	/	JOHN KI	ING GIACK	YEN EMMA	Hurlene	JONES
and and ages	16a. \	VAS DECEASED EVER IN U.S. AF YES, NOOR HINKNOWN!   I IF YES, GN	RMF FORCES? 166 SOCIAL SE WAR OR DATES) 220-16		RODINSON	#13
- D - A - A)		11 CAUSE OF DEATH (Fotor of			NOUNDON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAU
oth certificate anding physicic carban papers, n, ar remayal.			nly one couse per line for (a), (b). ED 8Y TE CAUSE (a)	al incullisions	4	Co som to
ding a pribar ar rer		LLA SO IMMEDIA	,	J) d		
death attend ave co stan, a		Conditions, if ony, which	DUE TO, OR AS A CONSEC	cornliced ather	osclaweis	unk.
st the deat y the atter ceremate ther traum		gave rise to immediate cause (a), stating the	)			
that the death ce y by the attendin ease remove carb al, cremation, ar in other traumatic		underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		
± 000 5		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
requires en signe Then pl ar ta bur	No.	Roman tu	winary infec	times condestr	ve heart for	1
any and	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? / 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
The lo cian. It has been to set per giene	Ĭ				YES NOW	YES NO
physicie tificate I-transit of Hygin	E E	210. ACCIDENT WAS UNDERLYING	110110 111		RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
SICIAN: T ng physici certificate riral-transi them 18 sh	3	OR CONTRIBUTING CAUSE OF DE	AIR	19		
G PHYSIC attending: sert this cert is the burial is and Menticked or Item	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OF TOWN	COUNTY STATE
DING Programmers of the programmers of the marked marked	\$	WHILE ONOT WHILE O	(A) HOME, STREET, PACTORY, OFFI	CE, PARM, ETC.)	- 1120	
	-	220.1 certify that (1) (this hasp	nital) attended the deceased from	m	10 July 20	
Or Af		sow the deceased alive or	July 2-9 15	79, and that in (my) (our) opinion	death accurred on the date and	hour and from the causes stated
TTENDIN outal ar TOR. Affar use a far use a of Health		sow the deceased alive of	at the state of th			noor one from the cooses stored
ATTENI haspital RECTOR. sed for us ipt of He		obove, (I) (we) (did) (did no	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
has ched ched bept tem		above, (1) (we) (did) (did no	WV.	ATTENDING	MEDICAL STAFF	
has ched ched bept tem		above, (1) (we) (did) (did no	W. Kinzer	ATTENDING	MÊDICAL STAFF DIRECTOR PHYSICIAN	
has ched ched bept tem		22b. SIGNATURE	W. Kinzer	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	
med by the hos FUNERAL DIREC July by described the Sopie Dept	73a.	22b. SIGNATURE	W. Kinzer N Kinzer N	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	
has ched ched bept tem		obove, (I) (we) (did) (did not) 22b. SIGNATURP  22d. PHYSICIAN'S NAME (TYPE of Charles Medical Cremation, Removal STROM)	W. Kinzer N	ATTENDING PHYSICIAN (  The ADDRESS  Annapali  Thame of Gemetery or Gematory  Thunes Cemele	DIRECTOR PHYSICIAN DAY	21401 21401
has ched ched bept tem		obove, (I) (we) (did) (did no 22b. SIGNATURE MINUSE) 771 PHYSICIAN'S NAME ITHE Charles //	W. Kinzer N	ATTENDING PHYSICIAN (  The ADDRESS  Annapali  Thame of Gemetery or Gematory  Thunes Cemele	DIRECTOR PHYSICIAN DE CONTROL PER CONTROL PROPERTO DE	21401 21401



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 2h. HOUR . 50A IF UNDER 1 YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) YEAR DAYS HOURS 18905 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED ANEVER MARRIED DIVORCED T Anne Arundel 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Barber 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 314 North Taylor Ave. NO [ 15. MOTHER'S MAIDEN NAME MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH day day

many vears

STATE

COUNTY

CITY OF TOWN

PHYSICIAN TODIRECTOR PHYSICIAN

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20h. IF YES, WERE FINDINGS USED

20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T YES T

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

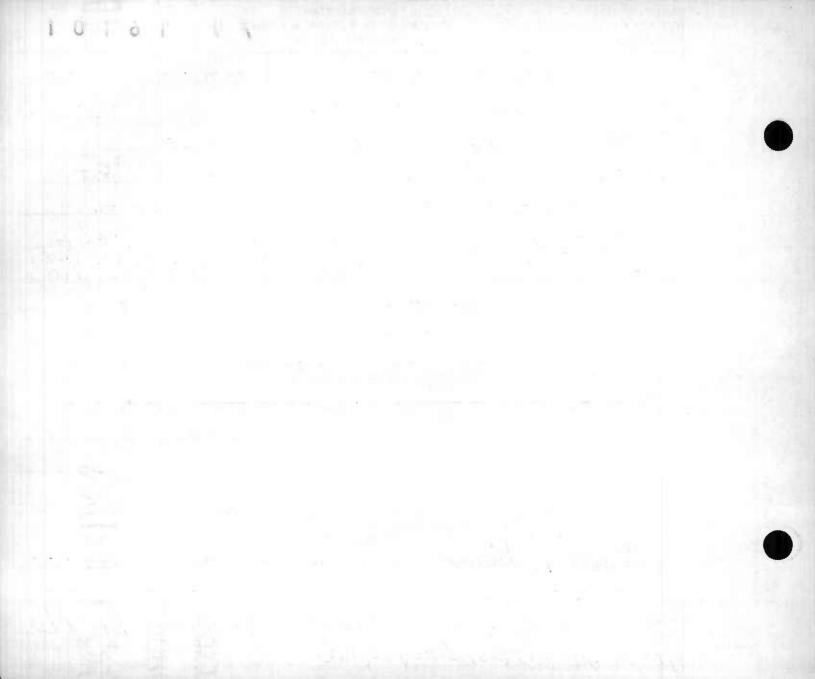
to 111 37 and that in (my) (20) Capinion death accurred an the date and have and from the causes stated

22c. DATE SIGNED ATTENDING MEDICAL

Annapoolis. Maryland 21401 Murray Av.

23/1 OCATION 23c NAME OF CEMETERY OR CREMATORY The BURIAL, CREMATION, REMOVAL 236. DAZE

BY REGISTIAR 256 REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78



ADDRESS

1101 E. North Ave

FOR

REGISTRAR

24. FUNERAL DIRECTOR

Wm C March F/H

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

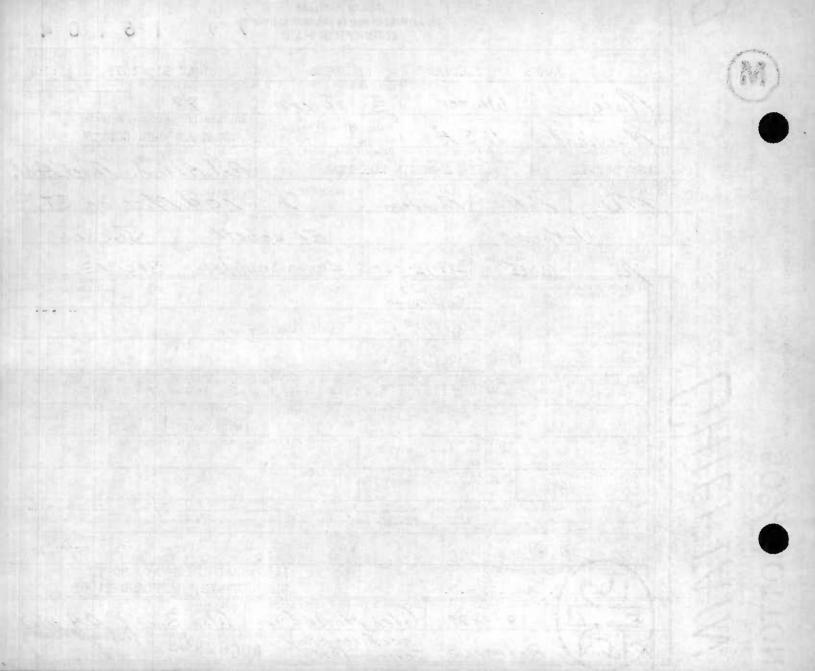
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1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1	- STATE		0 3
	REGISTRAR DECEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO.	13 97
	DECEASED NAME TYPE OR PRINT)  FIRST	OF ESTI-	DAY YEAR
L	ELM	10 C. DEATH MATED A 7	DAY YEAR
3. 3	A. RACE	5. DATE OF BURTH SEARCH OF SUPERING SEARCH OF	DAY YEAR
	BIRTHPLACE STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. DEAD  9. BALTIMORE CITY OR COUNT	L 19/9
10	FOREIGN COUNTRY)	MARRIED   NEVER MARRIED	11 4 7 7
10	CITY OR TOWN OF DEATH	WIDOWED DIVORCED HAVING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	12b. KIND OF BUS
1	1, 24, 00 1 6	OF NOT W SUCH FACILITY, GIVE STREET ADDRESS)	ORINDUSTRY
US	UN APOLIS UAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE JESIDANCE BEFORE ADMISS	170M
30	STATE NO	NTY) 136/dity or town 138. INSIDE CITY LIMITS? 138. STREETHADDRESS YES X NO 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	KD
	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	1 (2)
	FPED	MIDDLE SHAPE	LAST
16	. WAS DECEASED EVER IN U.S. AF		51
	(YES, NO, ORUNINOWN) (IF YES, GIVE	1920 246841 HE KUDERT A. ARUSEN	MD 21
F	18. CAUSE OF DEATH (Enter of	inly one cause per line (arg.), (b), and (c).)	APPROXIMATE I
	PART I DEATH WAS CAUSE	ATE CAUSE Arderevsklersky OVO	kieken
	14272	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate	e / (b)	
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	No. of Contract of
		(c)	
1		IS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
- 1	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 8		J로 :: [ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	YES 🗆
	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAGE	
9	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR F DEATH P.M. 19	
	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	UNTY
1	WHILE AT WORK AT WORK	SINCE, FACION, FARM, EIG.) SINCE	2151
	220. I certify that I taak char	egopt the remains described above, held an Autopsy , Inspection , Inquiry , and in my ap	pinian
	death resulted fram: Not	vy causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	1	TITLE (SPECIFY)	
1	SIGNATURE CAS	M. Depo 29 MEDICAL EXAMINER SIGNE	7-2-7
1	EXAMINER'S NAME	The last to the second	_
T	(TYPE OR PRINT)	WINNINGS. ADDRESS Chong etts , has	
73	BURIAL CREMATION REMOVAL	134 DATE 134, NIME OF CEMETERY OR CREMATORY 131 CHYCKTOWN A	T Ad
77	SUPIAL DIRECTOR	1230 DATE RECU BY REGISTRAN 1330 REGISTRAN S	SIGNATURE .
17	later M Tu	To + Otom / man of me. 111 = 1070 hope	my Arabas
E	1. 1. 1. V	10 1 1 10 10 10 10 10 10 10 10 10 10 10	

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X	1			STATE OF MARYLAND		
N	1-	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 9 REG. NO. 6	1 0 4 <sub>DST</sub>
(3)		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH O	AY YEAR 2b. HOUR
( M ) 1		JAME	S SULLIVAN	SAUNDERS	JULY 31, 19	79 1:10P M
de de constante	3. SE	Male	White	5. DATE OF BIRTH  MONTH  3 - 26 - 1891		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS OAYS HOURS MIN.
death. Pa un 72 hio of once.		CONTRY CONTRACT CONTRY	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY  ANNE ARUNDEL C	
ofter of the fu		TY OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUND)	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
AND 212 AND 212 124 hour filled in I could be f	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS	ion ST.
BALTIMORE, MARYLAND 2120: cote be executed within 24 hours systicion and completely filled in by opers. Pages 1 and 2 should be file vol. tr, the medical examiner must be not.	14 FA	THER'S NAME FIRST  Valan	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MODIF	2005
TIMORE, be execut on and co		VAS DECEASED EVER IN U.S. AR ES, NO GRUNKNOWN) (IF YES, GIV	EMED FORCES? 166 SOCIAL SEC EWAR OR DATES) 219-16	URITY NO. 17 INFORMANT	ADDRESS	13
W. PRESTON ST., the death certific y the ottending ph se remove corbang cremation, or remainer troumatic ever		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOL  DUE TO, OR AS A CONSEOL  DUE TO, OR AS A CONSEOL  (b) A Blastic  DUE TO, OR AS A CONSEOL  (c) Myelofi	nia BENCE OF Anemia Will Leve BENCE OF	openia.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
20 20 plk	NOI	ASHD: Conge		DEATH BUT NOT RELATED TO THE TERM	fection, lunery Track	
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
DF VII	_	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	PAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
MVISION COMEN CONTROL CONTRO	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
FENDI tolor OR: A or use Heol		sow the deceased alive on	ot) view the body after death.	7 / 5 / 19 7 9	deoth occurred on the date and hour	9.77, that (I) (we) last and from the causes stated
Chep the		226. SIGNATURE FARB	hani	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7/31/79
HOSPITA ined by FUNERA FUNERA Nold be do Note the Stot		226. PHYSICIAN'S NAME (TYPE C	OR PRHATT	22e. ADDRESS 1404	CRAIN HIGHWAY, S	SOUTH
		HARI K. E	BHASIN, M.D.	GLEN	BURNIE, MARYLAND	21061
Of of with MA	230 B	URIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COLINTY
BP	1	Burial	8-3-79 (	len Haven Cem	Glen Burgis	A.A. MID
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FU	POBLET J. B	Parranco ADDRESS	or Ritchie Alu 130. DA	TE REC'D. BY REGISTRARI 256. REGISTE AUGO 2 1979	ARTSCHATTERCHOOM



ST	A	TE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	100	REGISTRAR		CERTII	FICATE OF DEATH	REG.	NO		
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		AY YEAR	2h HOUR
	TITPE	Robe	29-t A.	Sc	anlon	JULY	10, 197	79	897 M
	3 SE	X	4 RACE	5 DATE	OF BIRTH H DAY YEAR	6. AGE IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
	1	M)	W	00	x 15.1924	52	YRS.	DNIHS! DATS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	VTRY? 8	- Carrier and Carrier C	9 BALTIMORE CITY		OF DEATH	
E	CC	W)d	11-SA	WIDOW	ED NEVER MARRIED L	A ATATES A TAI	UNDEL CO	OUNTY	MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			120 USUAL OCCUPA			OF BUSINESS OR
4		EN BURNIE	NORTH ARUN			SELF EN	71 PLOYES	/ 0	TRASOR
	USU/	AL RESIDENCE (IF NURSING HOME OF			1136. INSIDE CITY LIMITS?	13e STREET ADDRESS	5	0	
3		Md A	ORCHI	TRA BEACH	YES NO	1016 B	EACK 1	PROM	AVE
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N				
20		LEO	SCAL SCAL	LOIY	BESSI	~		APP.	F
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADD	RESS		
		YES W	WII 218-	-27-5224	PUOHNN	KAY 13:	2 WIL	EYS.	LANE
Н	-	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (b), ED BY:	(b), ond (c).	1 / - / \	0 16.	1.	BETWEEN C	ONSET AND DEATH
			TE CAUSE (0)	COR IV	Ly D (cevas	el Pykler	(T) ch	16	icol-
ń		410-	DUE TO, OR AS A CON	SEQUENCE OF	101	1			
		Conditions, if any, which	( b) (87	onary	certery	10) Secon	te	10	ars.
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE	/			/	
		underlying couse lost.	(c)	V					
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 10	01
	CERTIFICATION								
0	CAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDIN	
1	IF					YES T NOT	YES	ING CAUSES	NO
3	SER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCU			Land	
		OR CONTRIBUTING CAUSE OF DE							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
		220   certify that (I) (this hospi	ital) attended the deceased	from	7-2 197	9 10 7-	110 1	579	that (I) (we) last
		sow the deceased alive an	1710	Lamor	nd that in (my) (our) opinio	n death occurred on the	date and hour	. ,	1 / 1
		22b. SIGNATURE	ot) view the body ofter death.	110	DEGREE			226. DATE	SIGNED
			40, U	( No)	ATTENDING		AFF	7	12.20
_		224 PHYSICIAN'S NAME LEVE	P PRINTI	arge	100 100 0000	DIRECTOR PHYS		1-1	0-17
1		1/			300	HOSPITAL DR			
1			TERN, M.D.			BURNIE, MA	RYLAND_	21061_	
	23a B	SURIAL, CREMATION, REMOVAL	23h. DATE	400 0	EMETERY OR CREMATORY	23d. LOC ATION CITY OR TOWN	- 0	OUNTY	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

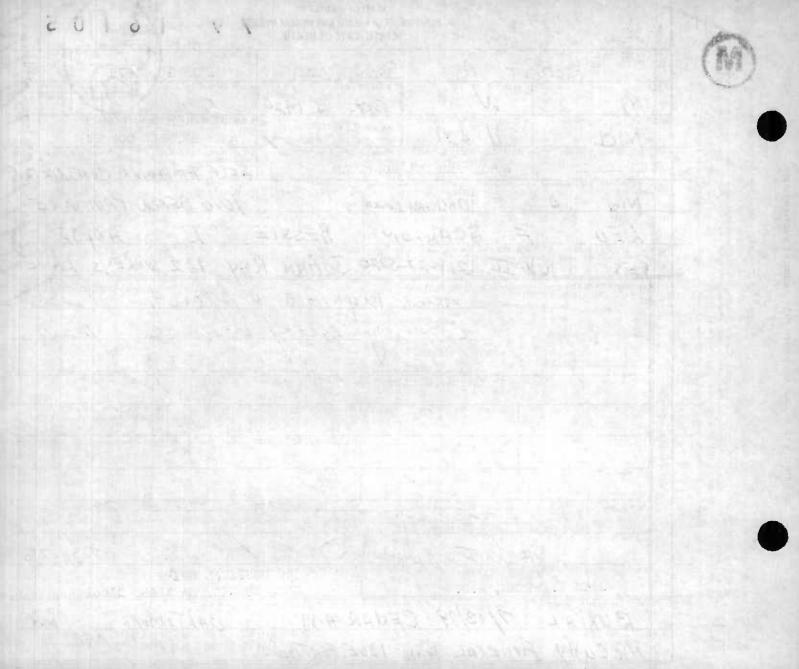
BP.

24. FUNERAL DIRECTOR

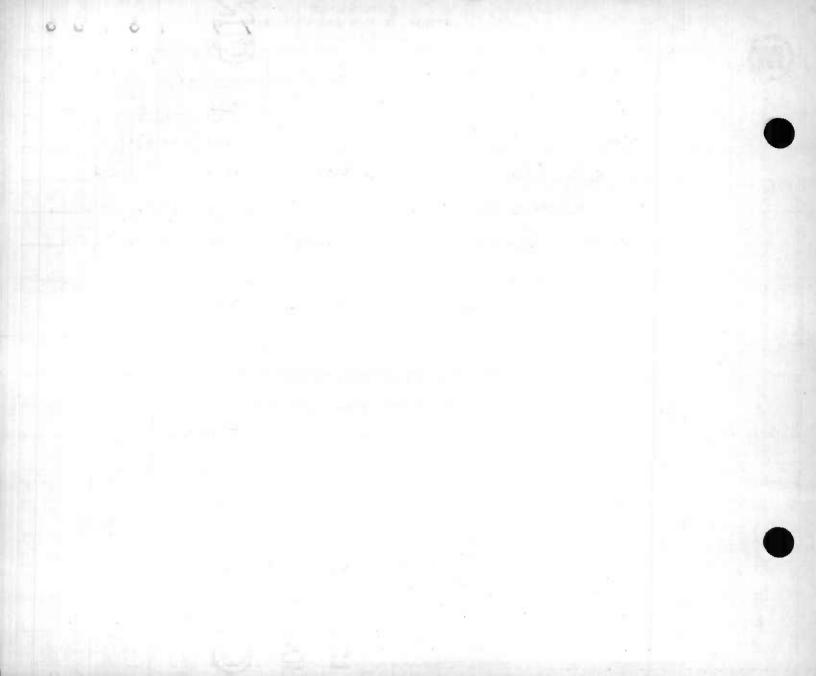
FOR

ADDRESS HOIVIE

250. DATE REC'D. BY REGISTRAR 256. DECISTRAR'S SENATURE



	1		STATE OF MARYLA	ND	
78		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND M CERTIFICATE OF D		16106
ige 3	3.	DECEASED NAME FIRST	GIRN SCHWIEGE	20 DATE OF DEATH MO	ONTH OAY YEAR 26. HOUR 9 a
ge 4 ma ector, pa irs ofter c	3	SEX	ORULTAL S DATE OF BIRTH	1979 6. AGE JIN YEARS LAST BIRTHO	YRS. FUNDER'S YEAR IF UNDER 24 HR
ter dean. Page he funeral direc within 72 hours	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED ☐ NEVER M WIDOWED ☐ DIV		COUNTY OF DEATH
by the fulled with	3	CITY OR TOWN OF DEATH  CONTROL OF DEATH	M. NAME OF HOSPITAL, NÜRSING HOME OR OTHER INSTI	ITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
24 hour filled in ould be must be	35	SUAL RESIDENCE (IF NURSING HOA 10. STATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]  136. CITY OR TOWN  136. INSIDE CITY  136. INSIDE CITY  137. CITY OR TOWN  138. INSIDE CITY  138. INSIDE CITY  139. I	TY LIMITS? 13. STREET ADDRESS NO 1839 Arwell	L Ct. Severn Md. 2
completely 1 and 2 sh	26	FATHER'S NAME	1	MAIDEN NAME  IRST  WING  MIDDLE	2 huiteger
be executed on and comp s. Pages 1 or e medicol ex	1 11	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN	ADDRESS	
nat the death certificate by the attending physical assertemove carbompapers I, cremation, at remayal, attending, event, the attending to the troumatic event, the		PART I. DEATH WAS CA	Only one couse per line for (01 th) and (c.)  JUSED BY  INATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  (b)	fende	APPROXIMATE RITERVAL BETWEEN ONSET AND DEAT
gned in plec burio ry, or		couse (b), stating the underlying couse lost PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A CONSEQUENCE OF  (c)  AT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TO THE TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)
on.  t permit.  ene prior  ows ony	1	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFOR		106. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
phys phys phys phys of Hy of Hy	1	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	URY OCCURRED (ENTER NATURE OF INJURY IN	VITEM 18, PART I OR PART 2]
S Pr		(IF EITHER, NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	N CITY OR TOWN	COUNTY STATE
Spiral CTOR. I for us of He		saw the deceased alive	on, and that in (my) { not) view the body ofter death.	our) opinion death accurred on the date	and hour and from the couses stated
the horal process of the policy of the polic		THE SHOTH ATURE		TENDING W MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAI	N DATE BIGNED
O HOSPITAL elained by the TO FUNERAL should be detawn the State MAPORTANT:	1	JONATI	PEOR PRINTI HAN M. SUTTON 270 ADDRESS		
BP	L	Burial, Cremation, Remo Surial	AL NAME OF CEMETERY OR CO	Annaports	6.7
DHMH-16 20M (VRA 15, 4) 7/78	- 1	FUNERAL DIRECTOR TNAMEA. Hardest	y Annapolis Mr. 21401q	AUG 0 8 1979	REGISTRAR'S SIGNATURE



DHMH-16 50M 7/77

(VR A 15 (4))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINTI JULY 16, SEARS CELESTE A. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! LINDUSTRY Retired 214 Oak Lane S.W. LAST Penn 122 Dorches Sears, son, Dorchester Road APPROXIMATE INTERVAL o win OSCLEROTIC CARDIOVASCULAR DISEASE ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 19July Baldwin Mem. Cem 24. FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, Md.

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	72	Theor, and	Cost palace		
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ASON TO		. E hivie	722-18-c1.68		0
	P VARIATA PEN PRV, MARYALP P	10712 2150H	M, H.D.	ia dina dar	ia accu
			abviolati em		

Seek ford    Seek ford	1 1-	FOR STATE			DEPARTMENT OF	HEALTH AND MENT	7 0 /	Hubb	arch
Seek ford    Seek ford		ECEASED NAM	E FIRST	ME				REG. NO.	DAY YEAR 2b. HOUR
Die Sex   Race   Part of Birth   Part of Bir	{TY	(PE OR PRINT)	Auhre	277	М	Seekford	OF	ESTI-	1.79 0
Male White Apr. 20, 1918 61 vs. Male Procedure of the Country April 20 BRIPHICACE (1914 and April 20 BRIPHICACE) (1914 and A	3 SE	X		S PATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER YR. IF UN	DER 24 HRS. 2c. DAT	E MONTH	DAY YEAR 2d HOUR
The BETTERLACE (STATEO OF TOTAL DE STATE OF WHAT COUNTRY)   THE ADDRESS   TOTAL OF TOTAL DESTRUCTION CONTROL OF TOTAL DESTRICT OR COUNTRY   TOTAL DESTRUCTION CONTROL OF TOTAL DESTRUCTION C	M	ale	White	The second	a				4 1079 10 11
V.S.A.	70. E	SIRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED XX NEVER M	APRIED 9. BALTI	MORE CITY OR COUN	
III. CAUSE OF DEATH   III. NAME OF HOSPITAL NURSING HOME. OR OTHER RISTITUTION   III. SUSUAL OCCUPATION TITVE ON WORK   III. SUSUAL RESIDENCE OF WORKER, III. SUSUAL RESIDENCE OF WORKER, III. SUBJECT OF WORKER, III. SUBJE				U.S.A.				e Arundel	County. MD.
Glen Burnie North Arundel Hospital  IDUSAL RESIDENCE   PRIVATE SENDING OF STATEMENT OF A STATEME	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM	OR OTHER INSTITUTION	120. USUAL OCCI	JPATION (TYPE OF WORK	12h KIND OF BUSINESS
USUAL RESIDENCE (# IR PURSUANCE ON ONE OF OTHER EXTITUTION, ONE RESOURCE BIFORE ADMISSION)   126 CITY OR TOWN   126 MINE CITY (IMITS?   126 STREET ADDRESS   126 CITY OR TOWN   126 MINE CITY (IMITS?   126 STREET ADDRESS   126				North A	rundel Hosp	ital		-	
Md. Anne Arundel Glen Burnie   YES   NO EX   7711 Norfold Road   21061   15 MOTHER'S MANDE   MODILE   LOST   STIMON   E   Seekford   Rhufell   Cameron   15 MOTHER'S MANDEN MADDER SYMMOLE NAME   LOST   CAMERON   CAMER				ROTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	ON)	TS? 13e STREET ADDR	ESS	
Simon   Seekford   Rhufell   Cameron			Anne						d 21061
Simon E. Seekford Rhufell Cameron  186. WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO.  218. OUT OF DEATH (Enter only one copposition for (o), (b), and (c)).  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF DEATH (Enter only one copposition for (o), (b), and (c)).  IMMEDIATE CAUSE OF DEATH (Enter only one copposition for (o), (b), and (c)).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUENT OF DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) stoling the under-lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  196. DATE OF OPERATION  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS UNDERTY OR HOUR A.M. MONTH DAY YEAR P.M. 19  216. INJURY OCCURRED ON HOUR A.M. MONTH DAY YEAR P.M. 19  2176. EXTERNAL CAUSE OF DEATH P.M. 19  2176. INJURY OCCURRED ON HOUR A.M. MONTH DAY YEAR P.M. 19  2177. STREET CITY ON TOWN COUNTY STREET CITY ON TOWN COUNTY STREET CITY ON TOWN ON THE MISS OF THE PART I OR PART 2)  WHILE AT WORK A.M. WORK  228. Learlify that I look charge of the remains described above, held an Autopsy M. Inspection M. Inquiry M. ond in my opinion death resulted from. Notify County M. DATE SIGNIFICANT CITY OR TOWN  AT WORK A.M. P.M. DATE SIGNIFICANT COUNTY MEDIA DATE SIGNIFICANT CITY OR TOWN  229. Learlify that I look charge of the remains described above, held an Autopsy M. Inspection M. Inquiry M. Ond in my opinion  4. TURK OF THE MISS OF THE MIS	14. F			MIDDLE	LAST	15 MOTHER'S M	AIDEN NAME		
SECONTRIBUTING   CAUSE OF DEATH (Enter only one college per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE OF PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE OF PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE OF PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE OF PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE OF PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE OF CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL CAUSE OF CONTRIBUTING TO THE TERMINAL CAUSE OF DEATH TO THE TERMINAL CAUSE OF CONTRIBUTION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL CAUSE OF CONTRIBUTION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (g).      PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (g).      PART 2		Simon			Seekford		e11		
The cause of Death (Enter only one competition for (a), (b), and (c).   The part I of Part I was caused by:	160.	WAS DECEASED YES, NO, OR UNKNO	D EVER IN U.S. ARA	WAR OR DATES)		The second second		ADDRESS 210	61
PART I DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)				/		84 Mrs. Ne	ettie G. Se	ekford, 77	11 Norfolk Rd.
DUE TO, OR AS A CONSEQUENCE OF		18 CAUSE O	F DEATH (Enter onl	y one company line	/	1 + 1	7	A TOPPON	SELMIN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate course (a) storing the underlying course lost.    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 DEATH PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTIN		1/		E CAUS (a)		Creery 4	Islan		Dust.
OUT TO STATE STORY AND SECURING MANUAL CARRATION, REMOVAL 23B. DATE STORY BUT ADDRESS OF COUNTY STATE STORY BUT AND STATE STATE STORY BUT AND STATE STATE STORY BUT AND STATE STATE STATE STATE STORY BUT AND STATE		4 / Ly	ns it one which	DUE TO, OF	R AS A CONSEQUENCE	OF //			- au
19th Conditions Contributing to Death But not related to the terminal disease or condition given in Part 1 (g).    19th Conditions Contributing to Death But not related to the terminal disease or condition given in Part 1 (g).    19th Conditions Contributing to Death But not related to the terminal disease or condition given in Part 1 (g).    19th Conditions Contributing to Death But not related to the terminal disease or condition given in Part 1 (g).    19th Condition for which operation was performed?    19th Condition for which operation in Part 1 (g).    19th Condition for which operation in Part 1 (g).    19th Condition for which operation in Part 1 (g).    19th Condition for which operation in Part 1 (g).    19th Condition for which in Part 1 (g).    19th Condition		gove ri	se to immediate	(b)					
196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   210. AUTOPSY?   YES   NOTED TO THE PART OF INJURY   YES   N				DUE TO, OR	R AS A CONSEQUENCE	OF			
196. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   210. AUTOPSY?   YES   NOTED   N		PART 2 OTHER SI	GNIFICANT CONDITIONS (	ONTERBUTING TO DEATH	AUT NOT BE) ATEO TO THE TERM	INAL DISCOS OR COMMISSION OWEN	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Not of couses , Accident , Suicide , Homicide , Undetermined manner ,  ITTLE (SPECIFY)  MEDICAL EXAMINER SIGNED 7-4-17  ADDRESS  230. BURIALL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial 7/7/79 Meadowridge Mem. Pk. Howard County, Maryland	Z	TAME OTHER SE	on team conditions	ONTRIBUTION TO BERTI	BOT HOT KEENTED TO THE TERM	MAL DISEASE OF CONDITION BIVEN	IN PART I (0).		
AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Not volcouses D: Accident , Suicide , Homicide : Undetermined manner ,  TITLE (SPECIFY)  MEDICAL EXAMINER SIGNED 7-4-19  EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVAL 23b. DATE   23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)   CITY OR TOWN   COUNTY   STATE    Weadowridge Mem. Pk.   Howard County, Maryland	ATE	19a. DATE OF	OPERATION	19b. CONDI	ITION FOR WHICH OPER	ATION WAS PERFORMED?			20. AUTOPSY?
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notice causes , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY)  EXAMINER'S NAME (TYPE OR PRINT)  23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial 7/7/79 Meadowridge Mem. Pk. Howard County, Maryland	IFIC	-							
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notice couses , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY)  EXAMINER'S NAME (TYPE OR PRINT)  23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial 7/7/79 Meadowridge Mem. Pk. Howard County, Maryland	CERT		-				JRRED (ENTER NATURE OF I	JURY IN ITEM 18 PART 1 OR P	- 100
AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry II, and in my opinion death resulted from: Notifications of the remains described above, held an Autopsy II, Inspection II, Inquiry III, and in my opinion Undetermined monner IIII. (SPECIFY)  ACTUAL SIGNATURE SIGNATURE SIGNED 7-4-29  EXAMINER'S NAME IN A MEDICAL EXAMINER SIGNED 7-4-29  EXAMINER SIG	ALC	UNDERLYING	OR OR CAUSE OF D						
AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notice causes , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY)  EXAMINER'S NAME (TYPE OR PRINT)  23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial 7/7/79 Meadowridge Mem. Pk. Howard County, Maryland	EDIC	21d INJURY C	CCURRED	21e PLACE	OF INJURY (AT HOME,			4	
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Noty of couses Z, Accident , Suicide , Homicide , Undetermined monner , IIILE (SPECIFY)  ACTUAL SIGNATU	×		NOT WHILE	STREET, FAC	TORY, FARM, ETC.]	STREET	CITY OR T	OWN C	OUNTY STATE
death resulted from: Not rol couses 2, Accident 1, Suicide 1, Homicide 1, Undetermined monner 1,  TITLE (SPECIFY)  MEDICAL EXAMINER  DATE SIGNED 2-4-2  EXAMINER'S NAME (TYPE OR PRINT)  ADDRESS  230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial  7/7/79  Meadowridge Mem. Pk.  Howard County,  Maryland					and head about 1 and			7	
TITLE (SPECIFY)  MEDICAL EXAMINER  DATE SIGNED 7-4-2]  EXAMINER'S NAME [TYPE OR PRINT]  ADDRESS  ADDRESS  236. BURILAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial  7/7/79  Meadowridge Mem. Pk. Howard County, Maryland									pinion
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 7/7/79 Meadowridge Mem. Pk. Howard County, Maryland		death results	ed from: Noty	or couses 2,	Accident LJ, Su	Homicide L	/ Undetermined n	ionner [],	
EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial 7/7/79  Meadowridge Mem. Pk. 23c. Name Of CEMETERY OR CREMATORY (SPECIFY)  Maryland			7/	200TH	- 12	THE (SPECIF	C)	DATE	7-4-29
236. BURIAL CREMATION, REMOVAL 23b. DATE Burial 7/7/79 Meadowridge Mem. Pk. 23c. LOCATION COUNTY STATE Howard County, Maryland	1	SIGNATUE.	0/	TREAD!	11	M.D. C.	MEDICAL EXA	MINER SIGN	IED
236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE HOWARD COUNTY STATE HOWARD COUNTY, Maryland	(a)	EXAMINER'S	NAME F	who	rent	ADDRESS	month	hel	
Burial   7/7/79   Meadowridge Mem. Pk.   Howard County, Maryland	23a.E			Bb. DATE	23c, NAME OF CE		231 LOCATION		
		Burial		7/7/79			Howard	County.	Maryland Maryland
24. FUNERAL DIRECTOR  NAME  Balto., Md. 21229  250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	24. F	UNERAL DIREC			Balto. Md.	21229 250. D.		AR 256. RESISTRAR'S	SIGNATURE
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. JUL 6 1979		Hubbar	d Funeral	l Home, In	c. 4107 Wil	kens Ave. J	JL 6 1979	frofty.	neirony

And one where Days no. 4-07 Hittans evi. July 6 -18/20 .

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

FOR



Juty

Herbert E. Nutter 3035 W. North Ave

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Saints Rest Cem.

LAST

REG NO 20 DATE OF DEATH MONTH 2b. HOUR JULY 02, 1979 6 AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife. Mome 7292 Race Rsd. MIDDLE Bowie ADDRESS Race Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIZ YES [ CITY OR TOWN COUNTY STATE and that in fmy (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

CITY OR TOWN

Harman Maryland 21076

250. DATE REC'D, BY REGISTRAR 25M EGISTRAR'S SIGNATURE

efer.spylul	SIMIC	30	UQ. L.
	To beer to	En i don't i	
THE PRINCE CHARGE	A CONTRACTOR		bru i vardi
e cilve		OH JOHNNA HTRON	
Set cont S	er Ly	Yest of	Sept of the second
Salah Sa	ason, al		1000

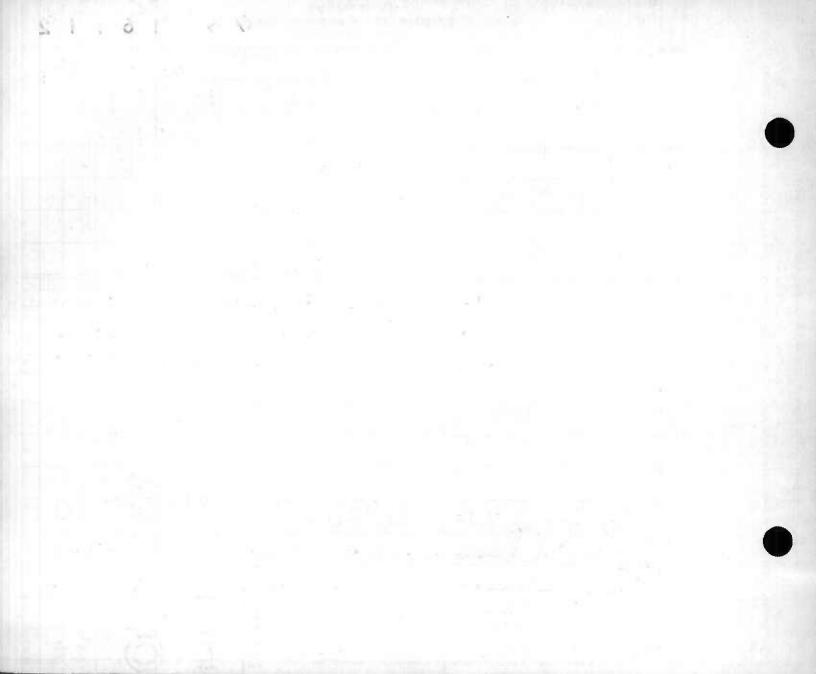
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Vincent DECEASED NAME 7h HOUR Smith. 20. DATE KNOWN MONTH Jr. (TYPE OR PRINT) OF ESTI-Burlin 6. AGE (IN YEARS | IF UNDER 1 YR 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED March 20 30 49 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Virginia WIDOWED [ DIVORCED II. CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE) LOCA IN UOR CHAUSTRY Glen Burnie Driver 557 Carriers USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Anne 13c. CITY OR TOWN Maryland Odenton 555 Rita Dr. NO X Arundel YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Burlin Lester Smith. Martha Vincent Sr. 17. INFORMANT **ADDRESS** 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (wife) Same as (YES, NO, OR UNKNOWN) Gloria L. 232-42-8945 #13 1950 Mrs. N ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES NO NO 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE AT WORK DIRECTOR: PAGE 22g. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Undetermined manner Homicide death resulted from: DATE 7.12.79 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Vet.Cem **DHMH - 17** (VR A15 ME (5)) Home, Glen Burnie.

15M 7/76

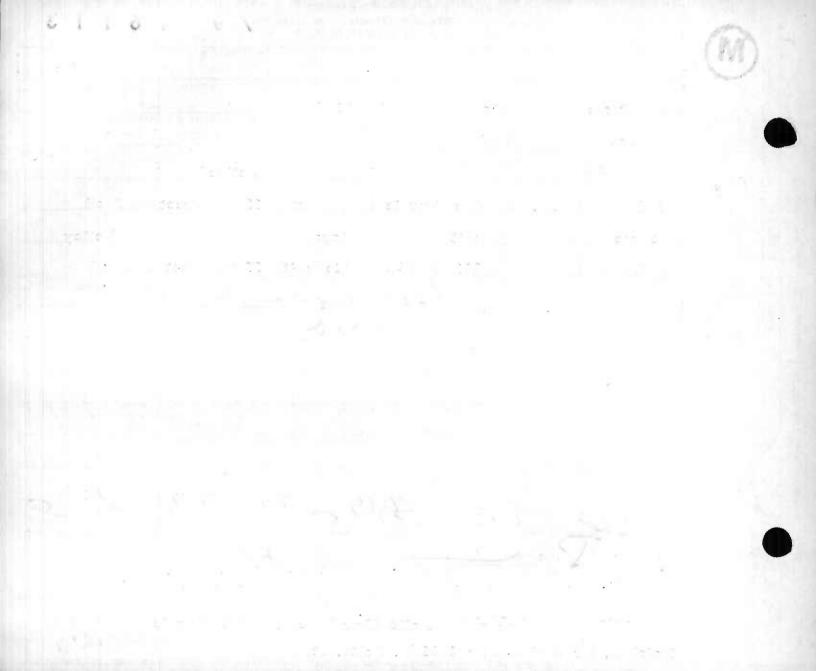
1110 1 12 19 1 11 19 from Street Color THE REPORT OF THE PARTY OF THE Jean Lill marrie will have been a little to the The said the said of the said Merch - Black County Ada no EVEL FLORIDA

Brooks Bradley Inc. Balto., Md.

(VRA 15, 4) 7/78



DIVISION OF VITAL RECORDS, 201

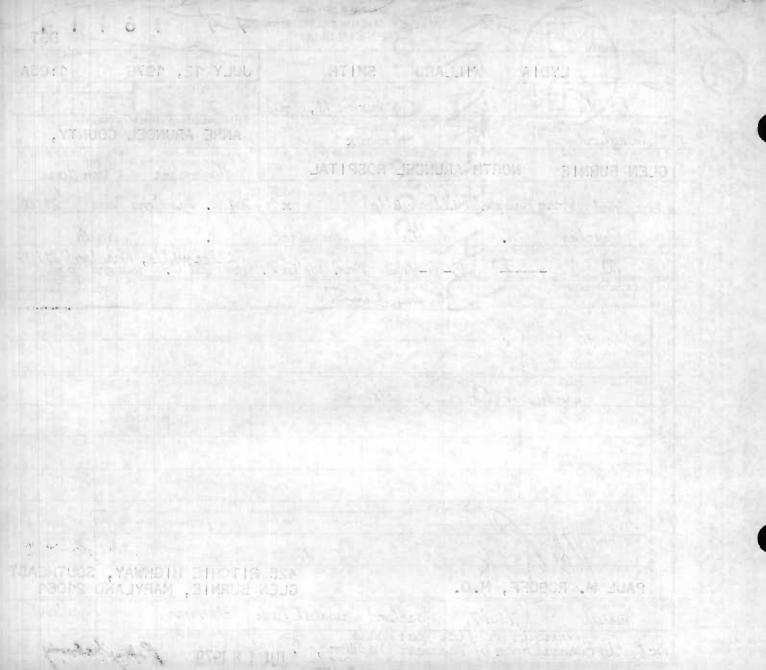


Pasadena, Md

24. FUNERAL DIRECTOR Mountain and ILCR Neck Roads

Mc Cully Funeral Home of Pasadena

DHMH - 16 50M 7/77 (VR A 15 (4))



real)		F	aul		L.	S	taten			Ju
	3. SE	X	4	RACE	THE COLD	5. DATE	OF BIRTH	YEAR	6. AGE	(IN YEARS LAST BIRTHO
o su		MALE		NEG	RO	3	12	1918	61	
Po dir		RTHPLACE (STATE OR FO	OREIGN 76	CITIZENOF	WHAT COUN	TRY? 8 MARRIE	D NEVER	MARRIED [	9 BAL	TIMORE CITY OR
0)		RGINIA		U.S	.A.	WIDOW		ONORCED [		nne Arund
54	10. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NU	IRSING HOME	OR OTHER IN	STITUTION		SUAL OCCUPATION  F WORK FOR MOST OF V
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1		WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL	SECURITY NO.	17. INFORM	ANT		ADDRES:
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iene prior to buriol, cremotio ows any injury, ar other trou	CERTIFICATION	PART 2. OTHER SIGN	NIFICANT CO	(c) S DNDITIONS CO	ONTRIBUTING	HICH OPERATION	T NOT RELATI	ORMED	200	AUTOPSY?
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9		21g. ACCIDÊNT WAS UNI OR CONTRIBUTING [ ] (IF EITHER, NOTIFY MEDIC	CAUSE OF OEATH	HOUR A	M. MONTH	DAY YEAR	ZIC HOW	IINJURT OCCU	KKED (EN	NTER NATURE OF INJURY
	MEDICAL	21d INJURY OCCUR	HILE [		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCAT	ION		CITY OR TOWN
		220   certify that (I)	(this hospita	l) ottended th	ne deceosed fr	- / /	. (-)		, ta	7-
	Lico	saw the deceos above, (I we) (1 22b. SIGNATURE	ed alive andid) (did not)	view the body	after death.	19.75%	DEGREE	ATTENDING PHYSICIAN	MED	CCUrred on the date
1	1	224. PHYSICIAN'S N.					22e. ADDR	ESS		more-Ann
IMPORTANT: IF	-	Daljit S			. D.			Glen	Burr	
211	230.	BURIAL, CREMATION, (SPECIFY) <b>URIAL</b>	REMOVAL	7-14-	1979	MD. NAT			Z3d.	LOCATION CITY OR TOWN

MIDOLE

FOR Items 19a & 19b.

REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 50M 7/77

(VRA 15(4))

. DECEASED NAME

STATE OF MARYLAND

Annapolis, Md

ADDRESS

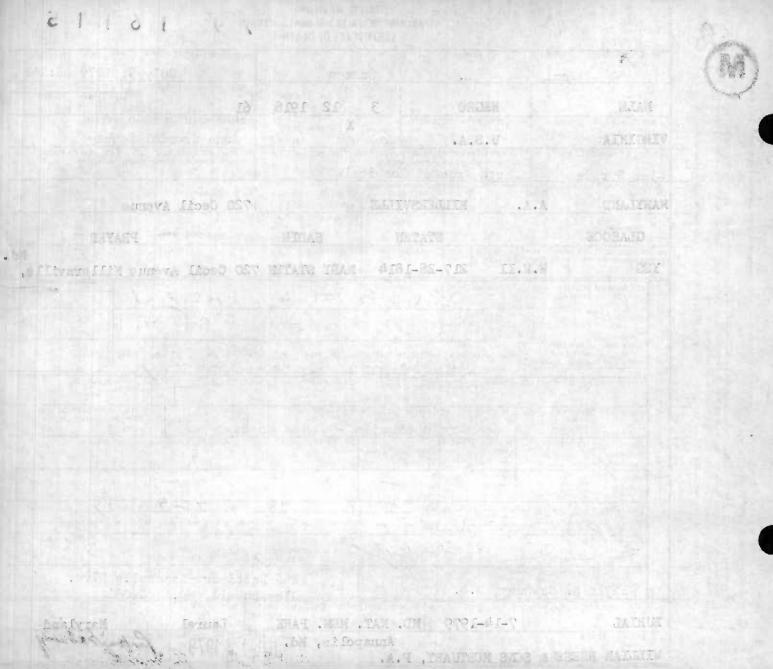
WILLIAM REESE & SONS MORTUARY, P.A.

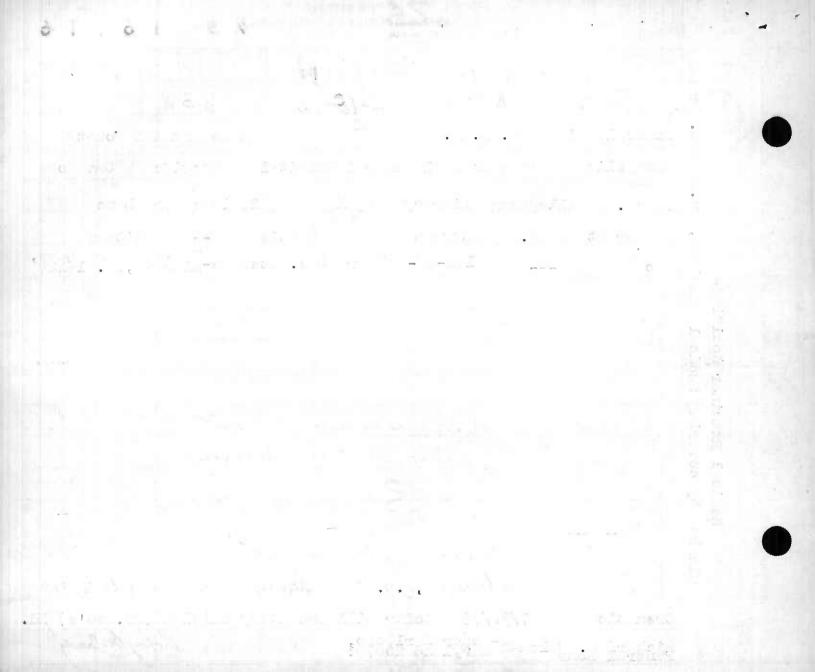
LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

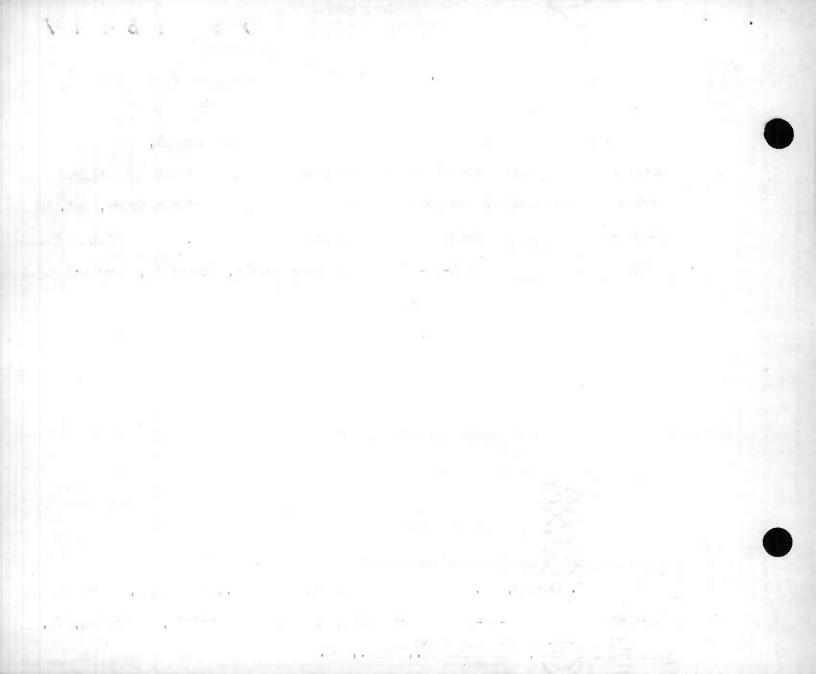
DST 20. DATE OF DEATH MONTH Zb. HOUR 8:24P M 1979 IF UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS COUNTY OF DEATH del County 126. KIND OF BUSINESS OR INDUSTRY VORKING LIFE) venue TAST PRAYER Md. enue Millersville. APPROXIMATE INTERVAL BETWEEN ONSET AND DEA MON GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO | IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (I) (we) last e and hour and from the causes stated 22L DATE SIGNED N apolis Blvd. 21061 STATE

REG. NO





4	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	NO.	6 1	17	
(AA)	(TYPE	CEASED NAME OR PRINT)	FIRST Var	Torie	J.	5	Tevens	26. DATE OF DEATH		1-79	2b. HOUR	
	3. SE)	F	1	RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY		
72 hour	CC	RTHPLACE (STATE OR FO SUNTRY)  ew York	REIGN 76	CITIZEN OF WE	HAT COUNTRY	MARRIE	D NEVER MARRIED D	9 BALTIMORE CITY	OR COUN			
by the fun filed withir notified of	IO CI	ry or town of DEA		NAME OF HO	undel C	NG HOME OF ADDRESS)	ROTHER INSTITUTION L Hospital	Anne Ar  120. USUAL OCCUP. (TYPE OF WORK FOR MOS  Self Emp	ATION TOF WORKING	G LIFET INDUSTR	OF BUSINESS Lired	
filled in hauld be r must be	130. S	AL RESIDENCE (IF NURSI TATE ryland	136 COUNTY	[13	ve residence befo c. CITY OR TOV Annapol	WN	134. INSIDE CITY LIMITS? YES K NO []	13. STREET ADDRES 695 Amer		Drive.	Apt. 40	
mpletely and 2 st examine		THER'S NAME FIRST harles	MID	-	ohnson		IS MOTHER'S MAIDEN NAV	ME MODLE		Fi el	LAST	
Pages 1		/AS DECEASED EVER! ES, NO OR UNKNOWN]	N U.S. ARME (IF YES, GIVE W.	D FORCES? 16 AR OR DATES)	6 SOCIAL SEC 061-20-		Mary Jane Ly	928 <sup>00</sup>	Bywate	er Road		
ending physicii e corbanpaper in, ar removal. imatic event, th		4140	AS CAUSED E IMMEDIATE (	AUSE (O)	SA)CONSEQUE	LESTEN JENCE OF	e Heart fa	ilure.		BETWEE 2	OXIMATE INTERVAL EN ONSET AND DEA	
gned by the at in please remay burial, crematic ry, or ather trai	IIFICATION	Conditions, if any, gove rise to imm cause (a), stating underlying cause	ediate g the last	(c)	AS A CONSEOU	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN PART	1(a)	
permit. The ene prior to bows any inju		TIFICATION	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITIO	ON FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINI RTIFYING CAUS YES 1
ertificate rial-transit ental Hygi tem 18 sh	-	21g. ACCIDENT WAS UND. OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME OF II HOUR A.M. P.M.	MONTH [	AY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF I	NJURY IN ITEM	18, PART 1 OR PART 2	)	
of the burth of the day of the da	MEDICAL	21d. INJURY OCCURR	([]]	21e. PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
DIRECTOR: Af ached far use a Dept of Health		220 I cert by that (I) saw he decease above, III was id	d alwe an	61	3/1 19	/	nd that in (my) (aur) apinion of DEGREE  ATTENDING	. MEDICAL S	TAFF _		-, that (I) (we) he causes stated TE SIGNED	
TO FUNERAL should be det with the State IMPORTANT:		Richard N	Contraction Contraction	2000 1 10 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Min	- 12	PHYSICIAN PHYSICIAN 210 ADDRESS 121 Cathedra	St. An		is Man	(// <u>//</u>	
looks OPMI	23a. B	URIAL, CREMATION, I			23c.		EMETERY OR CREMATORY Litan Cremator	23d. LOCATION CITY OR TOWN		COUNTY Arlingte	STATE	
MH-16 20M	24 FU	ineral director	Home	13,	West St	>	250. DATI	REC'D. BY REGISTR	AR 25b. REG			



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 1 6 1 1 8
2,	1. DECEASED-NAME (Type or Print) First Middle Last 20. DATE KNOWN Month Day Year 2b. HOI OF ESTI- DEATH MATED 7 18 49 A
oges 1, 5 may Health	3. SEX  4. RACE  5. DATE OF, BIRTH  6. AGE (in years lif under 1 YEAR if under 24 HRS 2c. DATE PRDNOUNCED DEAD Months Days Hours Min Manth Day Year 79 2d. HO
<b>(M)</b> 83	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   B. MARRIED   MARRIED   9. COUNTY OF DEATH   100
M. 21201 n. 24 hours it in frem y with form P	10. CIT OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital / 12a. USUAL OCCUPATION (Kind of work dane during most of working life even if retired.)  12b. KIND OF BUSINESS OR during most of working life even if retired.)  11c. NAME OF HOSPITAL OR INSTITUTION (If not in haspital / 12b. EXPLICATION (Kind of work dane during most of working life even if retired.)
■ 三田田 ス	Add USBAL WSIDENCE (Where deceased lived, if institution Residence before 13c Off OR TOWN OR HOUSE CONTINUED 13e. STREET AND NUMBER OF STREET AND NUMBER OF STREET AND NUMBER OF STREET AND NUMBER OF STREET AND
BALTIMOR  • executed w  • office alo	John Stoneburner Cecilia Garner
F, BAL be exe pendin ner's Of	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (if you give your or down of sarrical)   177 INFORMANT   ADDRESS   179 - 09 - 9945   Celia Stoneburner-wife-(same as 13e)
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed with delay is necessary, please execute the certificate, writing the word "pending" in pen and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along in files.  ECTOR: Page 3 should be used as o burial-transit permit. File pages I and 2 with the matian, ar remayol, and in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one course per line to (p.), and (c).) PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF isse to immediate cause (a), stating the underlying course [ast]  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS TO DEPUTY MEDICAL EXAMI s necessary, please execute the c ctor. Page 4 shauld be forwarded : Page 3 should be used as o bur , ar remavol, and in any event w	19d. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO  PARTION  21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 19  21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.)  21d. INJURY OCCURRED  21d
MEDICA MEDICA MEDICA Please explease ex	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 1B.)
ISION OF VITA DEPUTY MEDI scessory, please Page 4 shauld be ge 3 should be	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK  AT WORK  21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. Na. City or Tawn County State
DIR Cre	22a. I certify that I took charge of the remains described abave, held on Autopsy , Inspection , Inquiry and in my opinion death resulted from: Notwal causes , Accident , Suicide , Homicide , Undetermined monner .  CHIEF MEDICAL EXAMINER .  22b. DATE SIGNED DEPUTY MEDICAL EXAMINER .  DEPUTY MEDICAL EXAMINER .  ADDRESS (Street, city, tawn, or counter).
after death. If a and 3 to the fu be retained for TO FUNEAL.	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or To (County) (State)
370 JB 8 9 P S 9 P	24. ELIMERAL DIRECTOR E. Pumphrey, In ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25
	8434 Ga. Ave. S.S. Marie Dallock of 1375

N. In Constitution of the contract to the contract of th ARTER D. CHEN LEDY TO SHOW FIRE PROPERTY OF MANAGEMENT AND ARTER A No. 2 Control of the Land Asian FOR

- STATE

DHMH - 16 25M (VR A 15 (4) ) 9/74 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

\_\_\_\_, that (I) (we) last

27L DAJE SIGNED

STATE

STATE

YES |

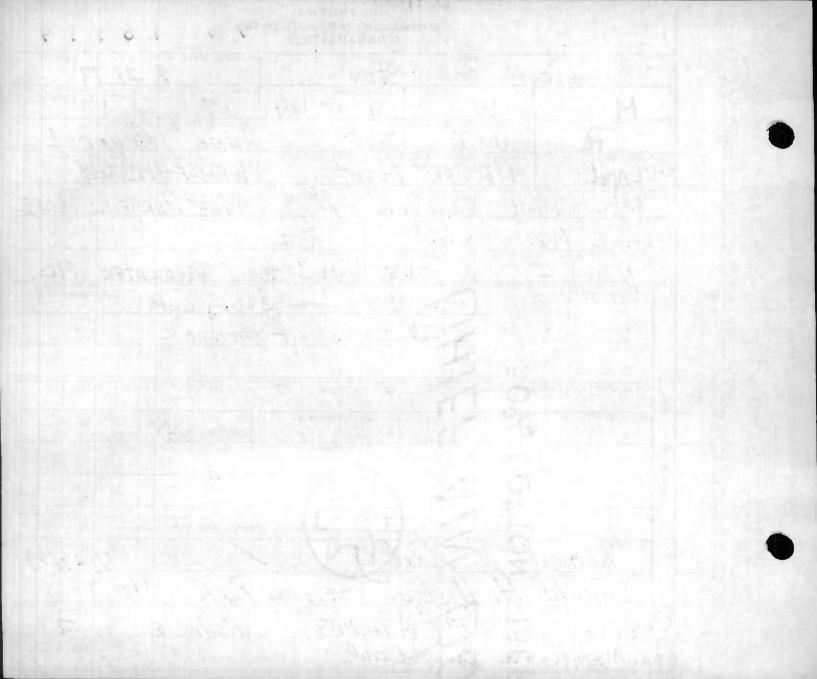
COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURES

IF UNDER 24 HRS.

IF UNDER I YEAR



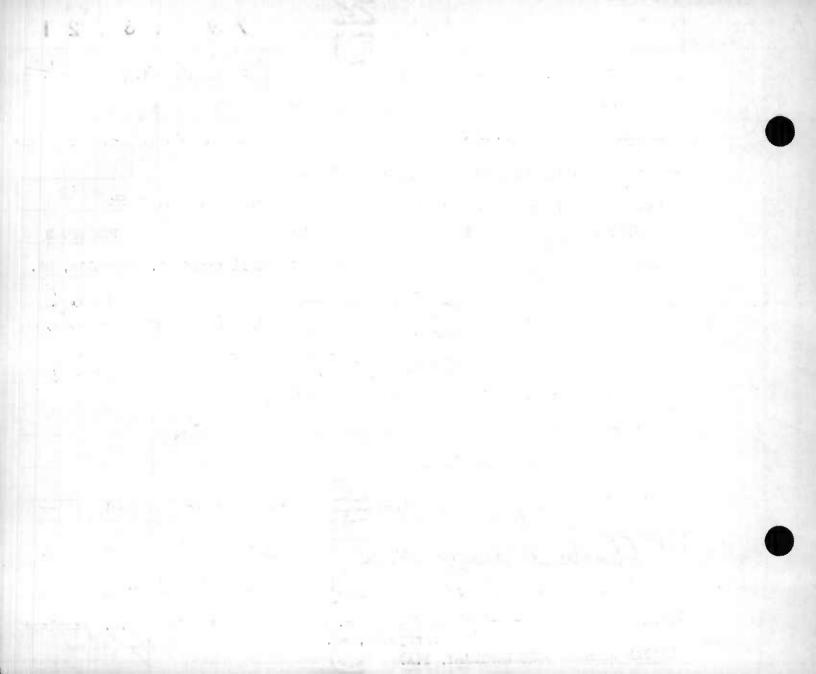
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

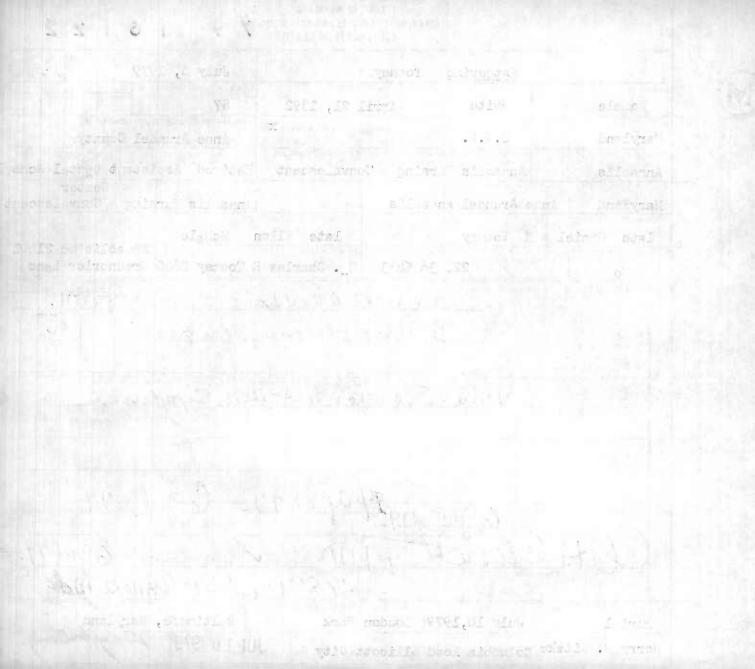
Items 19a. 8 19b.



	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 9	6 1 2 1
3		CEASED NAME FIRST	WIDOIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
5 Per 19	11.00	BRADL	· 2 43.	TONGLE	July 160 19	179 359
E S E	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE   IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR # UNDER 24 HR
W.A		MALE	NEGHO	1 10 04	75 YRS	
TO B		IRTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR COUN	0 0
by the trilled	10	nnapolis, M	11. NAME OF HOSPITAL, NURSING URNOT IN SUCH FACILITY, GIVE STREET ALL NOVEL AND	DONESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS C INDUSTRY
filled in hould be	1	nd, A	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AINTY 134 CITY OR TOWN	IS YES NO [	130 STREET ADDRESS	nt st.
ompletely ond 2 sl	IA.F.	CLINTON	MODIE	15. MOTHER'S MAIDEN NAM	MIDDLE	BRANDFORE
on ond co	16a.	WAS DECEASED EVER IN U.S. AI YES DOOR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECUR ve war or dates)		ADDRESS 40 Pleasant St.	Annapolis, Md
h certificate ding physici orban poper or removal atic event, th			inty one cause per line for (a). (b), and ED BY.  ITE CAUSE (o)	cegnia -	1 1	BITMEEN GOOD AND DEAD
by the otten ose remove c 1, cremotion, other troum		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A SON SEQUEN	nie urwany	tract infect	in speakyen
requires the reduces the Then plea for to buriol y injury, or o	NOF	Chinie I	conditions contributing to de Levelling bl	Iller catheter		GIVEN IN PART Trus
he low on. hos be t permi	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C		YES NO NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
phys phys phys phys phys phys phys phys		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	Y YEAR	ED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
offending offending ter this cer is the burio h and Menti- riked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or off hospital or off RECTOR: After hed for use os the ppt of Health of tem 21 is marke			oital) attended the deceased from  7 - 1 6 19 7  ot) view the body after death.	, ond that in (my) (our) opinion of	e, to 7-16 leath occurred on the date and h	, 19 <u>79</u> , that (1) <del>(we)</del> lour and from the couses stated
the the the Detector the De		226. SIGNATURE	W. Kinzer	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7-16-79
TO HOSPITAL eloined by the TO FUNERAL should be deto with the Stote (		Charles	V. Kinzer	Annap	olis, Md. 2	1401
5 - 2 3 3		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		UNERAL DIRECTOR		ELAWN MEM. PARK	Annapolis REC'D. BY REGISTRAR 255	A.A. Marylaz
DHMH-16 20M (VRA 15, 4) 7/7B		NAME		apolis, Md. 250 DATE	REC'D. BY REGISTRAR 23h G	ISTRAR'S AGNATURE



	١,	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENJE O 1 4	1 2 2
	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	6.6
me		CEASED NAME FIRST	MIDDLE	LAST	IN DATE OF BEATT	DAY YEAR 26 HOUR
			1101011012 21110	omey	July 6, 1979	II AM
VI	3 SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
and and	1 .	Female	White	April 21, 1892	87 YRS.	
Duce.	(	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
1 10		aryland		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	Anne Arundel	126 KIND OF BUSINESS OR
notified	A	nnaolis	Annaolis Nursin	g & Convalescent		industry Dental School
old be	130	STATE 136 COU	prother institution give residence before INTY 13c CITY OR TOWNER Arundel Annaol	/N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Center & Convalescent
2 sho		ATHER'S NAME	io unide minaoi	15 MOTHER'S MAIDEN NA		& COMVATERCENTO
Exam		late DAniel	H Toomey	late Elle	COU.	LAST
Poges		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT			naolis Md 21401
a we		No	220 36 5	1483 D. Charles	E Toomey 2660 Gre	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
d by the ottending pleose remove corbong rol, cremation, or remore or other troumatic eve		Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TO THE TOTAL	ence of corrections is	, Cerebral	yrs.
r to bur injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
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entol Hygiellem 18 sh	A A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  OF EITHER NOTIFY MEDICAL EXAMINE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)
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rte Dept. T. If Item		726. SIGNATURE	livati	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	6 July 9.
MPORTANT		224 PHYSHERAN'S NAME (THE	Of Hart)	2083 W	est St amo	ep. Md.
with W	23a.	BURIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY oudon Park	23d LOCATION Baltimofe, Max	COUNTY STATE
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OM 1/76 (4))	H	arry H. Witzke	Columbia Road El	licott City	FREC D BYRE 9979 256. RESE	



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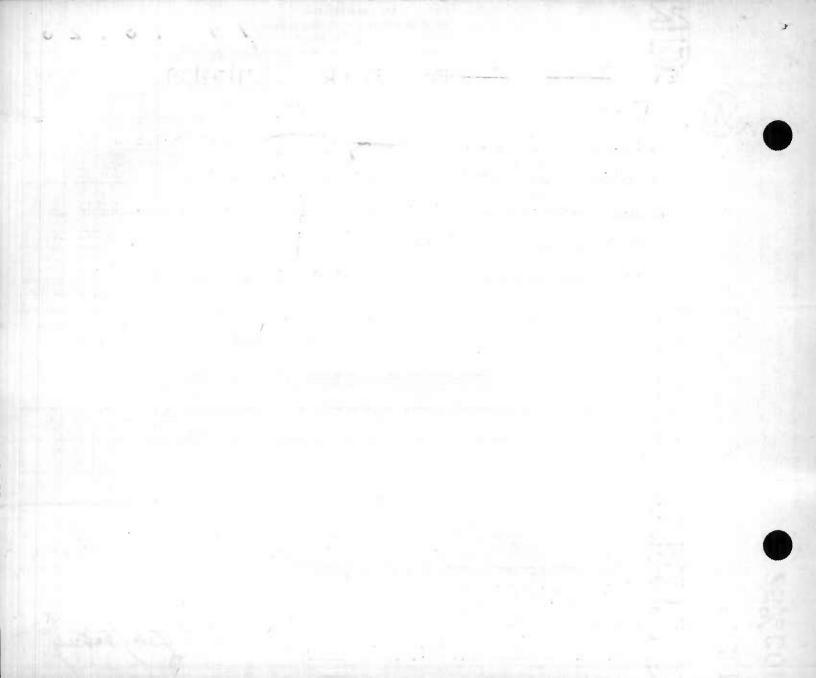
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

(VRA 15, 4) 7/7B



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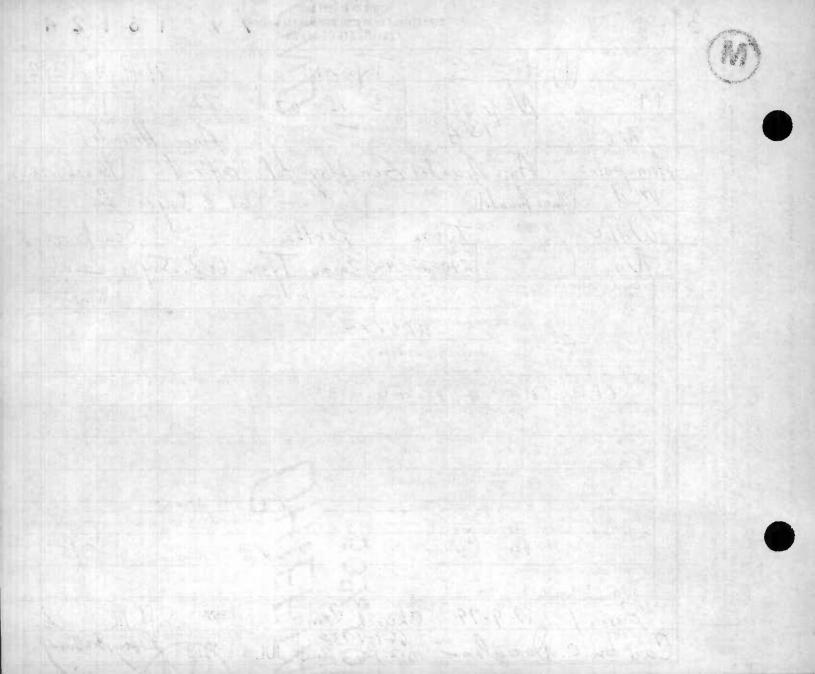
(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG. NO.



(VR A 15 (4))

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WILLIAM REESE & SONS MORTUARY. P.A.

(VR A 15 (4))

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James S. Kirkley, Glen Burnie, Md.

(VR A 15 (4))

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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR STATE

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIEN	9		5	i	2	8
CERTIFICATE OF DEATH	REG. N	0.	100			26

					reg. No.				
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3 SE	400	4 RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA		UNDER 1 YEAR	IF UNDER	R 24 FIRS MIN.
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/0. B	BIRTHPLACE ISTATE ORFOREIGN COUNTY) COUNTY)	76. CITIZEN OF WHAT COUNTRY?	1	NEVER MARRIED	Anne A			+.,	
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED	70/74	12a USUAL OCCUPATION		126. KIND C	. 0 .	MD
9.	len Burnie	107 Thomas Rd	ADDRESS)	21 061	Trype of work for most of wo	ORKING LIFE)	INDUSTRY	me	
13/M	aryland Inne	Trunder 13 City or Town	rnie	3d INSIDE CITY LIMITS? YES NO 🏋	13. STREET ADDRESS 107 Thomas	Rd.	2	21061	1
14. F/	Joseph	MIDDLE Kowalsh		Leonardo	WIDDLE		Puru	il	
160 \	WAS DECEASED EVER IN U.S. AR (YES, MO OR UNKNOWN)   IF YES, GIVI	WAR OR DATES)		7 INFORMANT	ADDRESS		,,		
	140 -	212-07-9	4036	Mangaret Lar	ngstrom Jam	e as:		MATE INTE	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
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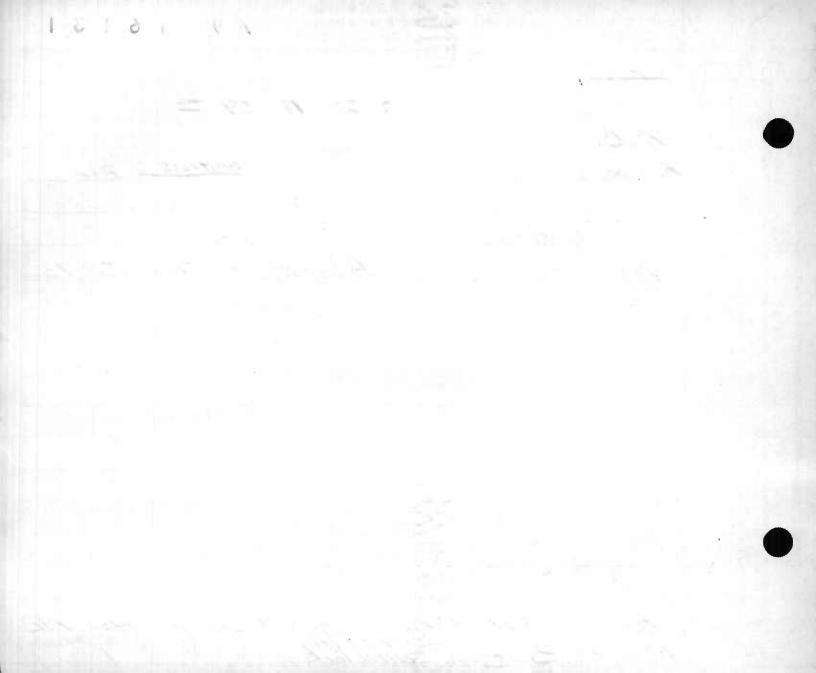
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1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY  WILDOW OR PRINT)  MILITARY WEISH  7-19-79	YEAR 26 HOUR
MildRED MARIE WEISH 7-19-79	
	2 PM
	DER 1 YEAR IF UNDER 24 HRS
Female White Nov. 18, 1898 80	S DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. BALTIMORE CITY OR COUNTY OF D.	EATH
Maryland U.S.A. Marked Merker Marked Anne Arundel	MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1120 USUAL	b. KIND OF BUSINESS OR IDUSTRY
ASUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. STATE  132. CITY OR TOWN  Baltimore  YES  NO  3935 Brooklyn  15. MOTHER'S MAIDEN NAME  FIRST  Samuel  Right  Right  Mary Elizabeth  Fr.	Ave.
THE FATHER'S NAME  IN FATHER'S NAME  FIRST  MIDDLE  Rigler  Mary Elizabeth  Fr.	anklin
No.   160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   160 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   180 SOCIAL SECURITY NO.   18 CAUSE OF TAXABLE OF TAXAB	#13
PARTI DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate course (course (cours	
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O CONTRIBUTING COLORRED (ENTERNATURE OF INJURY IN TIEM 18, PART TO SEE THE SECOND OF INJURY OF I	
OND STREET  OND ST	DUNTY STATE
220.1 certify that (I) (this hospital) attended the deceased from 9 30, 19 75, to Viller, 19	, that (1) (we) last
sow the decised after death	
O O O O O	RZC. DATE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN DIR	
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
	TY STATE
Burial 7/21/79 Emmanuel Cemetery Laurel, Howar	

The state of the s 1 8181 0 1 July project . District Line 14. Site of the Section 14. Site of the Section 14. Section 14

DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN X HINOM Zb. HOUR (TYPE OR PRINT) OF ESTI-Richard DEATH MATED E. West 2919 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 2c. DATE 2d HOUR LAST BIRTHDAY) 2:15P 1956 PRONOUNCED 22 Male White DEAD 19 79 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7g BIRTHPLACE (STATE OR MARRIED WEVER MARRIED FOREIGN COUNTRY) Anne Arundel County. Wash., D. C. U.S.A. WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Annapolis Sandy Point State Park Warehouse Manager Retail USUAL RESIDENCE (IF IN NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 130 STATE 13c. CITY OR TOWN YES NO [ 575 Wilson Bridge Dr Maryland Prince George' Oxon Hill 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRS? Bowman Wayne West Dorothy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Wilson Bridge Dr. (YES, NO, OR UNKNOWN) Marjorie L. West Oxon Hill. Maryland No 214-72-3256 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES T NO [ E STATE DEPARTMENT C 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21b. TIME OF INJURY HOUR XX. MONTH DAY YEAR UNDERLYING KOR 29 1979 fell from boat CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK Under Bay Bridge bay MD TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinion ARYLAND, Undetermined manner TITLE (SPECIFY) Deputy Chief MEDICAL EXAMINER AFTER DEATH, BALTIMORE, MA SIGNATUR EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD. (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Buria! Cedar Hill Cemetery Suitland Pr. George Maryland 256. DATE REC'D. BY REGISTRAR 256. REC. TIME 24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. **DHMH-17** Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5)) 15M 7/76

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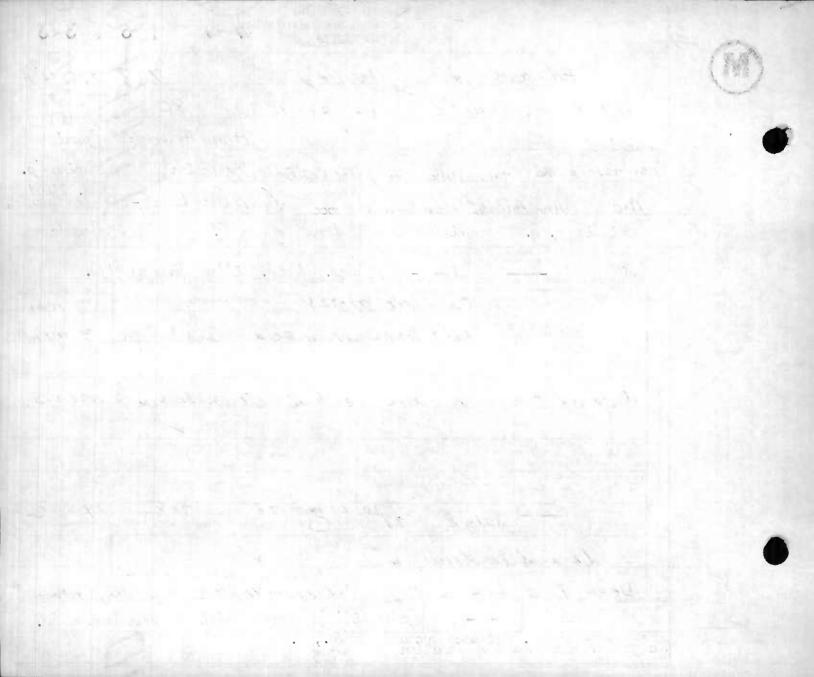
requires that the death certificate be executed

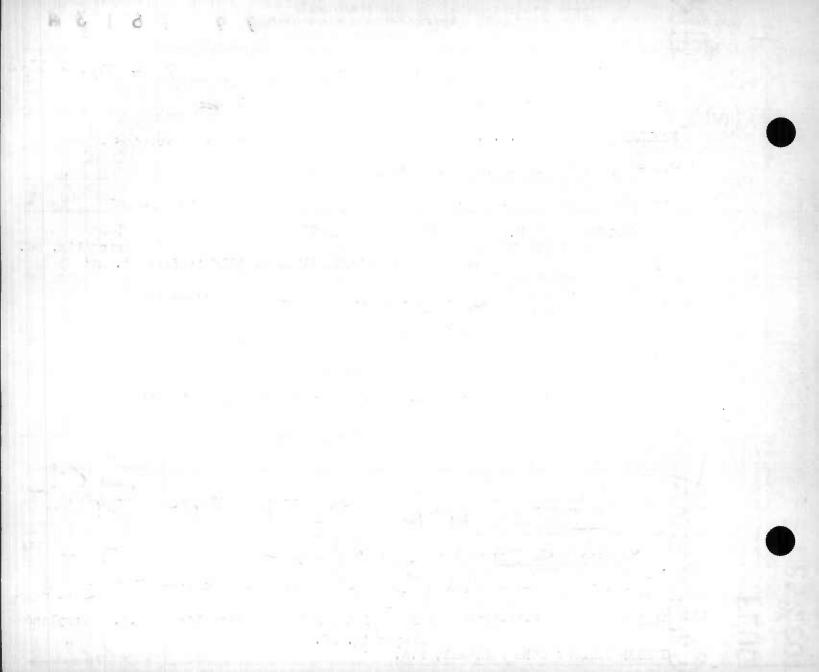
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

			STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REG. NO. 1	13:
		ECEASED NAME FIRST FOR PRINT)	dell m. WilleTT 20. DATE OF DEATH MONTH DA	YEAR 2b HC
	3. SE		4 RACE // S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER FYEAR FUND
300		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF WIDOWED   DIVORCED   HINRE HELLS IN	OF DEATH
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medicol	16a. \	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (JEYES G	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT APDRESS SIVE MASO DATES! TO THE PROPERTY OF THE PROPERTY O	#13
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BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. completely filled in by the furnity. I and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

## STATE OF MARYLAND

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	REC	G. NO.		,	1	DG

1.	- STATE REGISTRAR			DEPART		CATE OF DEATH	REG.	NO. 1 6	3	D <b>6</b> T
	CEASED NAME FOR PRINT)	FIRST		AIDDLE	L	AST	20. DATE OF DEATH			. HOUR
		MILI	DRED	М.		YIRKA	July 4,	1979		5:19
3. SE.		4	RACE		5. DATE O		6 AGE (IN YEARS LAST B	IRTHOAY) IF UNDE		FUNDER 24 HR
I	Female		Whi	te	Jan	21 1914	65	YRS.		
70. BI	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF V	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED		OR COUNTY OF DE		
	ennsylva	nia	U.S		WIDOWE		Anne Aru	ndel Count	y,	
G	len Burni	e	North Suc	Arundel	Hosp	rother institution ital	170. USUAL OCCUPA (TYPE OF WORK FOR MOST HOME MA	OF WORKING LIFE) IND	KIND OF E	BUSINESS
130. 9	AL RESIDENCE (IF NU STATE VId.	13b. COUNT	Y	GIVE RESIDENCE BEFORE 130 CITY OR TOW Fernda	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	nd Ave. S	5.	
	Rev. H	arry	DDLE	Norri	S	15 MOTHER'S MAIDEN NA	AME	(	LAST	
	WAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARM		16b SOCIAL SECU	IRITY NO.	James L.	*** *	ress ime as 13	3 e	
NOIL		GNIFICANT CO	ONDITIONS CO		DEATH BUT	Nonan Av				
CERTIFICATION	190. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING ( YES []	CAUSES O	S USED F DEATH? NO [
	210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED	CAUSE OF DEAT	21b, TIME O HOUR A./ P./	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 OR	PART 2)	
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	274 PHYSICIAN'S		1	EMY, MD.			Hospital Dr Burnie, Ma		1061	
23a. E	BURIAL, CREMATION (SPECIFY) Buria		23b. DATE 7/7/7			aven Mem P	k. Glen B	urnie A	.A.	Md.
24 F	eorge J	Gono	e 400]	Ritchi	Balt ie Hg	o 21225	TE REC'D. BY REGISTRA	R 25b. REGISTRAR'S	SIGNATUR	e de

BP DHMH - 16 50M 7/77 (VR A 15 (4))

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